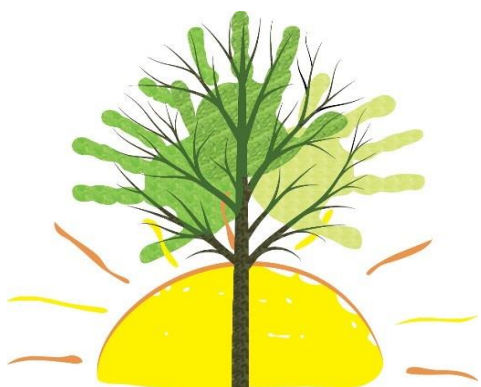

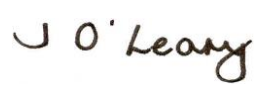


Supporting Pupils with Medical Conditions Policy



Supporting Pupils with Medical Conditions Policy

Management log

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| V1 | July 2022 | Kate Hall Liz Smith Amy Carter | 25 July 2022 | 26 July 2022 | To secure a policy to support SHINE pupils with medical conditions |

Related policies

| Policy | Website link |
|-------------------|---|
| Equality Policy | https://www.shine-mat.com/special/pupil-welfare/ |
| Health and Safety | https://www.shine-mat.com/business-and-personnel/ |

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Please note that the version of this document contained at <https://www.shine-mat.com/policies/> is the only version that is maintained.

Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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1. Equal opportunities statement

1.1 The SHINE Multi Academy Trust (SHINE) is committed to promoting equal opportunities and all stakeholders¹ will receive equal treatment regardless of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation (protected characteristics).

2. Statement of Intent

2.1 SHINE Multi-Academy Trust welcomes and supports pupils with medical needs, ensuring that all our schools provide pupils with any medical condition the same opportunity as other pupils. To do this, we need to ensure that correct procedures and protocols are in place. This will ensure that any pupil, with a long-term medical condition, is able to attend school and have minimum disruption to their education.

2.2 As a Multi-Academy Trust in England, we will meet the duties in the Children and Families Act and the Equality Act relating to children with a disability or medical condition. We recognise these acts are anticipatory.

2.3 SHINE schools will make sure that all staff understand their duty of care to children and know what to do in the event of an emergency. Our schools understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. All schools understand the importance of providing appropriate care for pupils with medical conditions. The purpose of this document is to help all staff to prepare documentation consistently and professionally.

2.4 The purpose of this policy is to ensure that:

- Pupils with medical conditions are well supported in school and have full access to education, including school trips and physical education.

This policy has been created in line with the DfE guidance published in September 2014 which was last updated in August 2017.

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- There is clarity around the holding and administering of medication at school.
- Information about a child's needs is shared appropriately by health professionals, school staff, parents and pupils.
- Staff knowledge and training is developed in all areas necessary for pupils

3. Definition of the term 'medical condition' used in this context

3.1 A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

3.2 Children with medical conditions (e.g. anaphylaxis, epilepsy, diabetes) all have Individual Health Care Plans (IHCP), usually written in conjunction with the school, nurse and parents. A designated person in each school has an overview of all systems in place for children with medical conditions.

4. Individual Health Care Plans

4.1 The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies:

- The child's medical condition.
- All signs or symptoms to indicate an emergency and actions to be taken.
- Anything that makes a pupil's condition worse.
- The name and type of medication which has been prescribed, the amount to be administered and any side effects.
- Any treatments, facilities, equipment, testing, access to food and drink where this is used to manage their condition or dietary requirements.
- Any follow up care the pupil will require.

4.2 Each SHINE school will:

- Ensure that pupils with medical conditions are identified as they transfer to a SHINE school and through the ongoing annual data check process.

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- Arrange for written permission from parents/carers for medication to be administered by a member of staff during school hours.
- Ensure that a child's IHCP is shared with relevant members of staff.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate (e.g. including individual children on risk assessments).
- Designate individuals to be entrusted with information about a pupil's condition where confidentiality issues are raised by the parent/child.
- Have identified staff trained to specifically meet the needs of a pupil with a medical condition.
- Be clear about what to do in an emergency, including who 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.
- Make all staff aware of the pupils in the school with medical conditions.
- Provide sufficient training for staff to meet the needs of pupils with medical conditions.

4.3 All SHINE schools will work with the parents and medical professionals to ensure we have specific procedures in place as soon as a child with an identified medical condition starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

4.4 Training, regarding specific conditions, will be delivered as required. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at one of our schools. Pupils requiring continuous support for a medical condition will need an Individual Health Care Plan (IHCP) which may often be provided by a specialist (e.g. diabetic nurse).

4.5 Every SHINE school will regularly review medication and make sure that care plans are reviewed yearly. Parent/ carers will need to be involved in this process to ensure that information is up to date. It is important that parents/ carers update their child's school if their child's condition or medication changes.

5. Expectations

5.1 The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and must supply the school with all relevant information needed in order for the appropriate care to be given to a child. SHINE schools take advice and guidance from a range of professionals. It is expected that

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- Parents will inform the school of any medical condition which affects their child and provide evidence where requested
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container and details included inside the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will support school with training where appropriate.

6. Management of Medication

6.1 Pupils will not carry any medication. Older pupils may carry their own inhaler so that they learn to manage their own medical condition. All other inhalers will be stored in a pupils classroom so that pupils and staff know where to find them should they be needed. All other prescribed medications will be locked away in a central area of school where all staff can access it.

7. Managing medicines during the school day

7.1 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Prescription medicines must be in date, labelled, in the original container and include the prescriber's instructions regarding administration, dosage and storage. A child will only be given prescribed or non-prescribed medication with their parent's/ carer's written consent. Unless there is written confirmation from a GP, no non-prescription drug will be administered on a regular basis.

7.2 All SHINE schools will have named members of staff who may administer a drug to whom it has been prescribed. Once a medication is no longer required or is out of date, it will be returned to the child's parents/ carers.

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8. Recording

8.1 When a parent requests administration of medication, a form must be completed at their child's school office, giving consent for it to be administered in school. Medication (other than asthma inhalers and emollient creams) is stored centrally in a secure cupboard. Within some SHINE schools, medication is stored securely in their nursery and administered by nursery staff in accordance with this policy. When a child takes medication, the dose and time are recorded in line with each individual school's procedure.

9. Managing the needs of pupils with anaphylaxis

9.1 Any pupil, who has been diagnosed with anaphylaxis, will have a list of medications required for emergency treatment. These will be stated in their IHCP and the procedure which needs to be followed for administering them. All their medications are stored in an individual box with the name of the child on the outside and the care plan enclosed. Children are required to have 2 EpiPens in school. Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked at least annually by school staff, when the children change classes.

9.2 Every SHINE school holds spare EpiPens and permission to use these is sought in writing from parents whose children are known to be anaphylactic. A register of pupils who have been prescribed an EpiPen is maintained by each SHINE school.

9.3 Details of a child's triggers are identified on their care plan and this information is shared with the catering staff in each SHINE school.

10. Asthma inhalers

10.1 Each SHINE school has a separate asthma policy. Children with asthma should have easy access to their inhaler, which must be clearly marked with their name. Older pupils may take care of their own inhalers. Inhalers, stored by class teachers, must be kept in a clearly marked box in the classroom and not be locked away.

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10.2 In case of an emergency, all SHINE schools hold spare blue inhalers. These must be used with disposable spacers for hygiene purposes. For pupils who are asthmatic, parents/ carers must provide written consent for a school inhaler to be used. This consent must be updated each year.

11. Refusing Medicines

11.1 If a child refuses to take their medicine, staff will not force them to do so. Parents will be informed immediately. If a refusal to take medicines could result in an emergency, the child's parents must come to school and administer the medication to their child.

12. Disposal of Medicines

12.1 SHINE school should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

12.2 Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Each school will make arrangements with a local pharmacy or liaise with their local council for the safe disposal of a full sharps box.

13. Hygiene and Infection Control

13.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

14. Managing medicines on trips and visits out of school

14.1 When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication, this is noted. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

14.2 Children with medical needs will be encouraged to take part in residential visits. The visit leader will carry out a specific and additional risk assessment. Where children without care plans have been prescribed medication, parents should include these details in the form provided for a school residential. Medication should be in the original packaging.

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14.3 A named member of staff will take responsibility for medication, ensuring that it is stored securely during the time away, that it is administered according to the information provided by the child's parents/ carers and that a record is kept every time the medication is administered.

15. PE/Sports

15.1 Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them.

15.2 Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines, such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures for individual pupils.

16. Roles and Responsibility

16.1 Within each SHINE school, the ultimate responsibility for the management of this policy is with the Headteacher and Governing Body. Respective SLT's will provide the day to day management of the policy and ensure all procedures and protocols are maintained.

17. Complaints

17.1 Should any parent or carer be unhappy with any aspect of their child's care, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem then it should be taken to a member of the senior leadership team. In the unlikely event of this not resolving the issue, the parent/carers can make a formal complaint using the school complaints procedure.

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