

# Medical Conditions Policy

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## 1.0 Policy statement

Dixons Academies Trust takes seriously its duty to ensure that all students receive their entitlement to a quality education, that each student is fully supported, and that they can access and be successful in their learning to the greatest extent possible.

DfE guidance makes clear that all schools have a statutory responsibility to make arrangements to support students with medical and health conditions, including mental health needs, and that these duties apply equally to learning inside and outside of the classroom.

The Trust recognises that some medical and health conditions can be complex, long term or lifelong, and also that some conditions can be life threatening or life limiting, and this means that support may need to be ongoing throughout the time a student is with us.

The Trust also recognises the impact that having a medical or health condition may have on the student's wellbeing and mental health, as well as that of their family, and that the support required may be beyond managing the medical or health condition itself in order for the student to be able to fully access their education.

This policy is underpinned by and compliant with the latest:

- Keeping Children Safe in Education
- Automated external defibrillators (AEDs) in schools (2019)
- Guidance on the use of adrenaline auto-injectors in schools (2017)
- Supporting pupils at school with medical conditions (2015)
- Children and Families Act (2014)
- First aid in schools: a good practical guide (2014)
- Guidance on the use of emergency salbutamol inhalers in schools (2014)
- Ensuring a good education for children who cannot attend school because of health needs (2013)

This policy also links to our Trust policies on:

- Attendance (Student)
- Care and Control of Students
- Child Protection Safeguarding
- Health and Safety
- Intimate Care
- Special Educational Needs and Disability

## 2.0 Scope and purpose

The purpose of the document is to demonstrate the Trust's commitment to providing a quality education for all students, including those with medical and health conditions, and to ensure that all staff understand their role in providing this. This includes working together with students, families and healthcare professionals, having appropriate procedures and paperwork in place, and understanding how medical need may co-exist with other areas of vulnerability.

This policy aims to protect the education of all students being effected by a medical or health condition, including mental health needs and including those at the assessment phase who may not have a formal diagnosis or NHS issued care plan in place, and to support each academy to meet and exceed their statutory obligation to this vulnerable group of learners.

## 3.0 Roles and responsibilities

The responsibility of ensuring that all students are fully supported and able to access their entitlement to a quality education lies with each academy senior leadership team and they should make clear which staff member(s) have the delegated responsibility for the day-to-day management of this for students with medical and health conditions.

This responsibility may be delegated to the academy SENCO or, where there is one in post, the academy nurse or equivalent (for example, a healthcare assistant or first aid lead). The responsibility can be delegated to a member of staff other than those suggested, as long as they are fully aware that they have this role and understand the requirements.

The delegated person has responsibility for:

- management of care plans, including healthcare professional issued care plans, and related documents
- collaborative working with healthcare professionals, families and students
- sharing information with other staff as appropriate
- planning and monitoring each student's access to education, including when they are not able to attend

## 4.0 Safeguarding

Keeping Children Safe in Education recognises that having health needs, including mental health needs, as well as frequent absence from education are both additional risk factors for children in relation to their safety from abuse and neglect. The Trust understands the importance of early help, including the support available within our academies as well as from the Local Authority and community services, in preventing harm from occurring and that students with pre-existing vulnerabilities such as these should be considered for this intervention at the very first signs of concern.

In addition, the Trust recognises that students with medical and health conditions may be more vulnerable to forms of child on child abuse such as bullying, and is committed to combatting this through:

- Having a fully trained DSL and wider safeguarding team in each academy
- Annual safeguarding training for all staff
- Developing and maintaining a culture of safeguarding, including ensuring students feel confident to report child on child abuse, in each academy
- Having a range of support available, including referral to outside agencies where needed, for both the victim and perpetrator of any incidence of child on child abuse

## 5.0 Attendance

The academy will be mindful of students absent due to mental or physical ill health and will seek to understand the individual needs of the student and family. The academy will work together with families and agencies with the aim of ensuring regular attendance for every student.

The academy will provide pastoral support with the aim of improving attendance while supporting the students underlying health issue.

If a student is expected to be absent for more than 14 school days the academy will liaise with the Local Authority to ensure that the student receives as normal an education as possible while they are absent. A range of options can be made available including home teaching, a hospital school or teaching service, as well as work being provided by the academy.

The academy will do regular home visits to those students who cannot attend school for medical or health reasons, as per their usual home learning and alternative provision safeguarding arrangements. These visits are for both safeguarding purposes and to ensure that the student maintains a connection with the academy and staff.

Students will never be penalised if their absence from school is related to their medical or health condition, including attending hospital or other healthcare appointments. Wherever possible, families should keep medical appointments outside of the school day. The families of students with medical or health conditions should be made aware of the procedure for requesting leave of absence for their child in order to avoid penalty for non-attendance. An absence can be authorised for these purposes as well as for occasions the student is too ill to attend school if the academy is notified as soon as possible. In a minority of cases, the academy may seek medical evidence to understand the needs of the students, identifying the most suitable provision, and or make reasonable adjustments.

## 6.0 Procedures

When the academy is notified that a student has a medical condition the person with delegated responsibility will be made aware without delay. They will then make contact with the family and any identified healthcare professionals in order to obtain a full picture of the student's needs, including social and emotional needs as well as educational, and use this to identify support that can be put in place.

It is also acknowledged that any student may develop a medical or health condition, or require first aid or emergency support, and so procedures also take into consideration potential medical or health need that has not been pre-identified or brought to the academy's attention.

- 6.1 **Individual Health Care Plans (IHCPs).** Wherever possible, a care plan will be obtained from the student's healthcare professional / team and will form the basis of their support and provision at their academy. Whenever this is not forthcoming, it is the responsibility of the person with delegated responsibility to liaise with the family and any healthcare professionals and expedite the process of providing one to school as soon as possible as, ideally, it is this care plan that informs practice in relation to a student's medical needs.

Appendix A provides a format for a Trust Individual Health Care Plan (IHCP) that can be used in the following circumstances:

- when a care plan has not been provided, or not yet been provided by the relevant healthcare professional / team
- as a means of summarising and communicating the main information from a care plan to be used by the wider staff team
- for students with health and medical conditions that require support but do not meet the threshold for a more formal care plan to be provided

In all cases, the IHCP content should be agreed by the academy, family and any relevant healthcare professionals as well as, wherever possible, the student themselves. The IHCP should be reviewed at least annually and following any change in the student's needs, any incident, or at the request of any of the stakeholders involved.

Not all students with a health or medical condition will require an IHCP and whether or not one is needed can be agreed between the academy, family and any involved healthcare professionals. When one of these stakeholders feels an IHCP is needed, one should be put in place. This could be temporarily to cover a period of change or for monitoring purposes.



- 6.2 **Storage and administering medication.** Academies can only accept prescribed medicines that are in date, clearly labeled in the original container as prescribed by the pharmacist, and that have clear instructions for administration, dosage and storage. Appendix 2 provides a format for ensuring that all requirements have been fulfilled.
- Academies can only administer non prescription medicines where they have been provided by the parent / carer, are in the original packaging with any inserts, we have written instruction that matches that on the packaging and consent from the parent / carer and when it would be detrimental to the student's health or academy attendance not to do so.
- Academies must keep a written record of all medicines administered to individual children, stating who administered the medication, at what time and how much was given.
- If appropriate and after consultation with parents / carers, students are allowed to carry and administer their own medication. A meeting between the academy, the student and a parent / carer should precede the arrangement commencing, with clear agreement being made regarding level of supervision required, the importance of medications not being shared or left unattended, and ongoing monitoring and review of the arrangement. When the medication being carried presents potential risks to others, a risk assessment must be carried out.
- 6.3 **Asthma inhalers and adrenalin auto-injectors.** Students who are prescribed a salbutamol inhaler, sometimes referred to as a reliever or 'blue' inhaler, should have quick and easy access to it at all times. Dependent on the age and needs of the student, as well as contextual factors such as movement around the building and the activities they are taking part in, this may mean that inhalers are stored in a central location or that the student carries their own inhaler with them. These inhalers should be in date and clearly labelled with the student's name. The academy should be aware of, and have a record of, which students this applies to and monitor on an ongoing basis. Wherever possible, a second salbutamol inhaler should be stored, as per the guidelines above, for emergency use.
- Each academy is able to obtain a salbutamol inhaler for emergency use, such as if a student's own inhaler is not available or has run out, and should do so as per 'Guidance on the use of emergency salbutamol inhalers in schools', published in September 2014.
- Students who are prescribed an adrenaline auto-injector (AAI), sometimes referred to by the brand name EpiPen, should have two in date AAIs stored in school at all times. If appropriate and after consultation with parents, students may be competent to carry one of their AAIs on their person. A meeting between the academy, the student and a parent / carer should precede the arrangement commencing, with clear agreement being made regarding level of supervision required, the importance of medications not being shared or left unattended, and ongoing monitoring and review of the arrangement. This agreement should form part of a wider care plan and / or IHCP for the student.
- Either both or the second AAI should be stored in an accessible location along with a copy of the student's care plan / IHCP and instructions for administration. It is good practice for AAIs to be stored in a container with a photograph of the student attached to the lid.
- Each academy is able to obtain an AAI for emergency use, such as if a student's own AAI is not available or is out of date, and should do so as per 'Guidance on the use of adrenaline auto-injectors in schools', published in September 2017.
- Where the medication being carried presents a potential risk to others, a risk assessment must be carried out.
- 6.4 **Defibrillators.** The decision to install and maintain an automated external defibrillation (AED) device is at the discretion of each individual academy. Guidance on how to purchase, install and maintain an AED can be found in 'Automated external defibrillators (AEDs): a guide for schools', issued in October 2019.
- 6.5 **First aid and emergencies.** It is the responsibility of each academy's senior leadership team to ensure that there are sufficient staff trained to deliver first aid, and that appropriate procedures are in place, as per 'First aid in schools: a good practical guide', issued in February 2014.
- If a student needs to be taken to hospital, at least one member of staff will stay with them – including travelling with them to the hospital, either in an ambulance or transported by another member of staff with appropriate insurances – until a parent / carer arrives. The decision as to whether or not call an ambulance for a student should be made, wherever possible, by more than one member of staff and parents / carers should be involved in the process at the first available opportunity – in an emergency situation, this may not be prior to making the decision to dial 999 is made.
- 6.6 **Personal and intimate care.** In some cases, a student with a medical or health condition may also require a level of personal or intimate care support to be provided and an Intimate Care Plan should be in place alongside their IHCP. Please refer to the Intimate Care policy for more detail.
- 6.7 **Physical handling needs.** In some cases, a student with a medical or health condition may also require a level of physical support in order to fully access their entitlement to a quality education. In these circumstances, a Physical Handling Plan (PHP) should be in place alongside their IHCP. Please refer to the Care and Control of Students policy for more detail.
- 6.8 **Risk assessments.** Whenever there is known risk associated with a student, including relating to a medical or health condition or disability, an individualised formal risk assessment should be considered. This can help the academy identify the level of potential risk present, make clear the support that is being made to mitigate that risk, and the level of risk that remains after provision is made.



The final decision as to whether or not a student requires a risk assessment to be in place is with the academy's Principal or Head teacher, but ideally the document should be written collaboratively between the person with delegated responsibility for medical and health conditions, families and any involved healthcare professional.

Risk assessments should always be made known to the student's parent / carer and should be reviewed at least termly and following any change, incident, or at the request of any stakeholders.

- 6.9 **Emergency evacuation.** In some cases, a student with a medical or health condition may also require special consideration and support in order to be able to evacuate the building in an emergency such as a fire. In these circumstances, a Personal Emergency Evacuation Plan (PEEP) should be in place alongside their IHCP. This should include details of why the PEEP is required and how they will be supported, and should be written collaboratively between the<sup>6,7</sup> person with delegated responsibility for medical and health conditions, families and any involved healthcare professionals and, where appropriate, the student. These should be reviewed at least annually and following any change, incident or at the request of any stakeholders.

## 7.0 Working with stakeholders

The Trust is committed to working collaboratively with healthcare professionals, and takes seriously the importance of including family and student voice, in order to ensure the best outcomes for all students but particularly those with additional vulnerabilities such as a medical or health condition.

- 7.1 **Working with healthcare professionals.** Wherever possible, a care plan will be obtained from the student's healthcare professional / team and will form the basis of their support and provision at their academy. Whenever this is not forthcoming, it is the responsibility of the person with delegated responsibility to liaise with the family and any healthcare professionals and expedite the process of providing one to school as soon as possible as, ideally, it is this care plan that informs practice in relation to a student's medical needs.

The advice and guidance of healthcare professionals will always be taken into account and used to inform practice within the academies.

When there are named healthcare professionals involved in a student's care, or a specific team that supports on an ongoing basis, the person with delegated responsibility for medical and health conditions will strive to build a relationship wherever possible.

The academies will always aim to accommodate healthcare professional's offers of training, requests to see a student in school, advice and guidance provided, and requests for information.

- 7.2 **Working with families.** Families are key partners in understanding and supporting the needs of a student with a medical or health condition and so should always be involved in the development and review of their child's IHCP and related documents where needed.

It is often the case that there are additional pressures and responsibilities placed on the families of a child with medical or health conditions and so the academy will aim to support them to meet those requirements wherever possible. This may include referral to other agencies, including early help support, in some circumstances.

- 7.3 **Working with students.** The students themselves are often best placed to provide information about how their condition affects them and how they should be supported. The student should be fully involved in discussions about their medical or health support needs and, wherever possible, in the development and review of their IHCP and related documents where needed.



## Appendix 1: Individual Health Care Plan

<b>Name of student</b>	Enter here.	<b>Class</b>	Enter here.	<b>Year</b>	Enter here.
<b>Date of plan</b>	Enter here.	<b>Written by</b>	Enter here.		

<b>Medical need</b>	Enter here.
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<b>EHCP</b>	<input type="checkbox"/>	<b>Personal Emergency Evacuation Plan</b>	<input type="checkbox"/>
<b>EHCP referral</b>	<input type="checkbox"/>	<b>Physical Handling Plan</b>	<input type="checkbox"/>
<b>SENK</b>	<input type="checkbox"/>	<b>Social Worker allocated</b>	<input type="checkbox"/>
<b>SEN Need type</b>	Enter here.	<b>Personal / intimate care plan</b>	<input type="checkbox"/>
<b>Medication kept on site</b>	<input type="checkbox"/>	<b>Risk assessment</b>	<input type="checkbox"/>

**What needs to be in place?** E.g. staff training, facilities, routines?  
Enter here.

**Known triggers.** What do all staff need to be aware poses a medical risk to this student?  
Enter here.

**Signs / symptoms.** What are the indications that a medical emergency is occurring?  
Enter here.

**Immediate response.** What should be done straight away in response to a medical emergency?  
Enter here.

**After the incident.** What needs to happen after the immediate risk has been managed?  
Enter here.

<b>Review</b>	Enter here.	<b>Date of review</b>	Date
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**Signatures**

<b>Academy staff</b>		Date
<b>Parent / carer</b>		Date
<b>Student (if appropriate)</b>		Date



## Appendix 2: Medication Agreement and Checklist

<b>Name of student</b>	Enter here.	<b>Class</b>	Enter here.	<b>Year</b>	Enter here.
<b>Date of agreement</b>	Enter here.	<b>Written by</b>	Enter here.		

### Medication Details

<b>Name of medication</b>	Enter here.
<b>Expiration date</b>	Date
<b>Start date for administration</b>	Date
<b>End date for administration</b>	Date
<b>Dosage (frequency / time)</b>	Enter here.
<b>Dosage (method)</b>	Enter here.
<b>Storage instructions</b>	Enter here.
<b>Side effects / risks</b>	Enter here.
<b>Emergency plan</b>	Enter here.

### Medication Checklist

<input type="checkbox"/>	Medication is in original packaging
<input type="checkbox"/>	Pharmacy label stating name / DOB of student
<input type="checkbox"/>	Medication is in date
<input type="checkbox"/>	Dosage instructions match pharmacy label
<input type="checkbox"/>	Storage and administration requirements can be met
<input type="checkbox"/>	Parent / carer signed consent (below)

The above information is, to the best of my knowledge, accurate, at the time of writing and I give consent to the academy to administer the medication in accordance with the Medical Needs policy.

I will inform the academy immediately if there are any changes to the above agreement and / or if the medication needs to be stopped.

<b>Academy staff</b>		Date
<b>Parent / carer</b>		Date
<b>Student (if appropriate)</b>		Date

