



Blackburn with Darwen L.A.

St. Thomas's Centre

Supporting Students with Medical Conditions Policy

AIMS

St Thomas's Centre is an inclusive community that aims to support and welcome students with medical conditions.

St Thomas's Centre aims to provide all students with all medical conditions the same opportunities as others at school.

POLICY STATEMENTS

St Thomas's Centre recognises Section 100 of the Children and Families Act 2014 places a duty on the Management Committee to make arrangements for supporting students at their school with medical conditions.

St Thomas's Centre 'Supporting Students with Medical Conditions' Policy has been drawn up using guidance from the D f E.

All staff understand that many of the medical condition affecting our students will affect quality of life and may be life threatening, particularly if poorly managed or misunderstood.

This policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation.

All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.

All staff understand and are trained in the school's general emergency procedures.

St Thomas's Centre has clear guidance on the administration and storage of medication.

St Thomas's Centre has clear guidance about record keeping.

All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on students.

St Thomas's Centre ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as educational, social and sporting activities.

All staff show an understanding of how medical conditions impact on a student's ability to learn and seek to enhance their confidence and promote self-care.

St Thomas's Centre understands the importance of all students taking part in sports, games and activities. Teachers and coaches will make appropriate adjustments to make physical activity accessible to all.

St Thomas's Centre is aware of the common triggers that can make medical conditions worse or can bring on an emergency. St Thomas's is actively working towards reducing or eliminating these health and safety risks.

RESPONSIBILITIES

Collaborative working arrangements are in place to enable the stakeholders below to work in partnership to ensure that students' needs are met effectively.

The Management Committee must:

Ensure arrangements are made to support students with medical conditions in school; including making sure that this policy is fully implemented.

Headteacher must:

Ensure that school's policy is developed and implemented with all stakeholders.

Ensure that all staff are aware of the policy and understand their role in its implementation.

Ensure that all appropriate staff are aware of a student's condition.

Ensure that appropriate staff are trained to implement the policy and deliver against Individual Healthcare Plans, including in emergency situations.

Ensure that school staff are appropriately insured to support students.

Devolve responsibility for implementation of the policy to the Assistant Headteacher(s) in charge of Provisions.

Ensure that all educational visits are appropriately risk assessed and that the medical needs of students participating have been identified and provision is in place.

Provision Leaders must:

Take responsibility for ensuring individual healthcare plans are devised in partnership with the school's First Aider, parents and, where appropriate, students.

Consult the student, parents and the student's healthcare professional to ensure the effect of the student's medical condition on their schoolwork is properly considered.

School staff must:

Be prepared to be asked to support students with medical conditions, including administering medicines.

Engage with training to achieve the necessary level of competency before taking responsibility to support students with medical conditions.

Know what to do and respond accordingly when aware that a student with a medical condition needs help.

Be aware of the potential for students with medical conditions to have special educational needs (SEN). Students with medical conditions who are finding it difficult to keep up with their studies to be referred to the Provision Leaders.

School SENCO must:

Brief supply teachers on a student's medical needs.

School Business Manager must:

Ensure medicines are kept securely with clear access.

Log medical emergencies.

Log medicines administered.

Conduct interviews with Provision Leaders, students, parents and, where appropriate, the School Nurse, to develop Individual Healthcare Plans and review plans as required.

Other healthcare professionals, including GPs and paediatricians, must:

Notify School Nurse when a child has been identified as having a medical condition that will require school support.

Provide advice on developing Individual Healthcare Plans and support schools with particular conditions.

Parents must:

Notify school on enrolment and provide sufficient and up to date information about their child's medical needs.

Engage in the development and review of their child's Individual Healthcare Plan.

Carry out actions agreed in Individual Healthcare Plan, such as provide medicines and ensure they, or another nominated adult, are contactable at all times.

Students must:

Be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan.

Endeavour to develop independence in managing their own medical needs where appropriate.

PROCEDURES AND PROCESSES**Staff training and support**

All Staff are aware of the most common serious medical conditions and what to do in an emergency.

They are provided with training to support a student with medical needs:

During induction to the school

Through access to Individual Healthcare Plans

Via annual refresher updates from healthcare professionals

Additionally, the school First Aider(s) are appropriately trained and can provide advice and guidance to staff, parents and students.

In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff – including the Faculty Office, Conference Room, Head Teachers Room, EWO's Office, Provision Leaders Office, Main Reception.

If a student needs to be taken to hospital, a member of staff will always accompany him/her and will stay with him/her until a parent or carer arrives. A copy of the student's Individual Healthcare Plan will be sent to the emergency care setting with the student.

Training on common medical conditions occurs once a year. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

The student's role in managing his/her own medical needs

Wherever competent to, the school actively seeks that students take responsibility for managing their own medicines and procedures.

Where this is not possible, a named First Aider will help administer medicines and manage procedures, and aid the student to develop greater independence. (see appendix 1)

Whilst on school visits / trips, the protocol in the Individual Healthcare Plan will be adhered to.

Managing Medicines on School Premises (appendix 2 & 3)

Administration of emergency medication

All students have easy access to their emergency medication in the Provision Leaders Office, which is secured.

All students are encouraged to carry and administer their own emergency medication, when it has been determined that they are able to take responsibility for doing so. All students carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

All use of medication defined as a controlled drug, even if the student can administer the medication him/herself, is done under the supervision of staff.

There is no legal duty for any member of staff to administer medication unless they have been specifically contracted to do so, though many are happy to take on the role. Staff may administer prescribed and non-prescribed medication to students under the age of 16 with the written consent of the student's parent.

Training is given to all staff members who agree to administer medication to students, where specific training is needed. When suitably risk assessed, the school insurance provides full indemnity.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation.

If a child's medication changes or is discontinued, or the dose or administration method changes, parents should notify the school immediately.

If a student at this school refuses their medication, staff will record this and follow procedures. Parents are informed as soon as possible.

Off-site visits are fully risk assessed and staff are made aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a student misuses medication, either their own or another student's, their parents are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.

Storage of medication at school

Emergency Medication

Most students at this school carry, and securely keep, their own medication. They are reminded to ensure that their emergency medication is with them at all times. Back-up medication is available in Provision Leaders Office.

Where a student is not yet able to self-manage and carry his/her own emergency medication, he/she knows where to access the emergency medication.

Non-Emergency Medication

All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Students with medical conditions know where their medication is stored and how to access it. Staff ensure that medication is only accessible to those for whom it is prescribed.

General

A named First Aider will ensure the correct storage of medication in each provision at school.

All controlled drugs are kept in a locked cupboard, paying particular note to temperature, and only named staff have access, even if students normally administer the medication themselves.

Three times a year a named first aider will check and log the expiry dates for all medication stored at school.

An up-to-date list of members of staff who have agreed to administer medication and have received the relevant training is kept in each provision.

All emergency and non-emergency medication brought in to school must be clearly labelled wherever possible, in its original containers, with the student's name, the name and dose of the medication and the frequency of dose, expiry date and the prescriber's instructions. This includes all medication that students carry themselves.

All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are located in the Main Office.

All medication is sent home with students at the end of the school year. Medication is not stored during the summer holidays.

It is the parents' responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

An accurate record of each occasion an individual student is given or supervised taking medication is kept. Details of the supervising staff member, student, dose, date and time are recorded.

Safe Disposal

School will dispose of out of date medication once parents have been informed.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is required for an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the student's parent.

Record Keeping

Enrolment

Parents are asked if their child has any health conditions/issues on the admission form; this information is collated by the school office.

Individual Healthcare Plans (appendix 4)

The Individual Healthcare Plan records important details about individual student's medical needs at school, their triggers, signs, symptoms, medication and other treatment.

An Individual Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of students with a long-term medical condition. This is sent:

At the start of the school year

At admission (if this is not the start of the school year)

When a diagnosis is first communicated to the school.

Parents, healthcare professionals and students with a medical condition are asked to fill out the student's Individual Healthcare Plan together. Parents then return the completed forms to the school.

This school ensures that a relevant member of school staff is also present, if required, to help draw up an Individual Healthcare Plan for students with complex healthcare or educational needs. A copy is sent to parents.

School Healthcare Plan Register

Individual Healthcare Plans are used to create a centralised register of students with medical needs and are kept in a secure central location at school (and also attached as a linked document in SIMS).

Parents are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency, if there have been changes to their symptoms (getting better or worse), or when their medication and treatments change.

Every student with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

All staff have access to the Individual Healthcare Plans of students in their care.

All staff are responsible for the protection of student confidentiality.

Before sharing any medical information with any other party, such as when a student takes part in a work experience placement, permission is sought from parents.

Educational Visits / Education Off-Site

Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors considered include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight stay. This requests up-to-date information about the student's current medical condition and how it is to be managed whilst away.

Staff on educational visits and out-of-school hours activities are fully briefed on students' individual medical needs. They will have access to the Individual Healthcare Plan and any necessary medication / medical equipment for the duration of the visit.

For all residential visits, a member of staff is appointed as the designated first aid and the appropriate first aid equipment will be taken on the trip.

Risk assessments are carried out before students undertake a work experience or off-site educational placement. It is the school's responsibility to ensure that the placement is suitable and accessible for a student with medical needs. Permission is sought from the student and their parents before any medical information is shared with an employer or other education provider.

Complaints

Should parents / students /stakeholders be dissatisfied with the support provided, they should discuss their concerns directly with school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure (see Complaints Policy).

Glossary of Terms

Controlled Drug

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs; for example, morphine. Stricter legal controls apply to controlled drugs to prevent them being misused, obtained illegally or causing harm.

Approving Body & Date:

Signed on behalf of Management Committee Chair and Head Teacher: D. Thomson (Vice Chair)

Date: December 2016

Reviewed: December 2017

Appendix 1: staff training record – administration of medicines

| | |
|----------------------------|--|
| Name of school/setting | |
| Name | |
| Type of training received | |
| Date of training completed | |
| Training provided by | |
| Profession and title | |

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 2: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

| | |
|------------------------------------|--|
| Date for review to be initiated by | |
| Name of school/setting | |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

| | |
|---|--------------------------|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medicine personally to | [agreed member of staff] |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 3: record of medicine administered to an individual child

Name of school/setting
 Name of child
 Date medicine provided by parent
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

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| |

Staff signature _____

Signature of parent _____

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

| | | |
|--|--|--|
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| | | |

C: Record of medicine administered to an individual child (Continued)

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

Appendix 4: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 5: individual healthcare plan

| | |
|--------------------------------|--|
| Name of school/setting | |
| Child's name | |
| Group/class/form | |
| Date of birth | |
| Child's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

Family Contact Information

| | |
|-----------------------|--|
| Name | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |
| Name | |
| Relationship to child | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |

Clinic/Hospital Contact

| | |
|-----------|--|
| Name | |
| Phone no. | |

G.P.

| | |
|-----------|--|
| Name | |
| Phone no. | |

| | |
|--|--|
| Who is responsible for providing support in school | |
|--|--|

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to