

# Carlton Academy Trust Supporting Students With Medical Conditions Policy

Approved on behalf of the Trustees: Roger Butterfield

Date: September 2023

Next Review Date: August 2024



# Glossary

**EHCP:** Education Health Care Plan.

**HOS**: Head of School.

**IHP**: Individual Healthcare Plans.

Parents: Umbrella term also including carers

## **Policy Aims**

This policy outlines how students with medical conditions will be supported within school to enable them to access the same education provision as other students, including visits, trips, and sporting activities.

# **Roles and Responsibilities**

#### HOS will:

- Ensure staff are aware and suitably trained to respond to children with medical needs.
- Have overall oversight and responsibility for the development and oversight of IHP's.
- Contact relevant services when a student requires professional support or assistance.
- Ensure that systems are in place for obtaining information about students' medical needs and that this information is kept up to date.

The HOS may delegate responsibilities to another member of staff.

#### All Staff

All staff must engage with information and training for students with medical needs, when required and appropriate.

#### Parents must:

- Provide school with detailed, relevant, and current information about their child's medical needs.
- Be involved in the development and review of their child's IHP.
- Carry out any action agreed to as part of the IHP, such as providing medicines and equipment.

# IHP's

Not all students with a medical condition need an IHP. Where required, the school, student, parents, and relevant outside agencies will contribute to its' development. They may be linked or become part of an EHCP and consider:

- The condition, symptoms, and treatments.
- How to manage the condition including medication dosage, side-effects, and storage.
- The administration of treatment including facilities, equipment, testing, access to food and drink, dietary requirements, negotiating crowded corridors, travel time between lessons.
- Support for the student's educational, social, and emotional needs, including management of absence, extra time to complete exams, use of rest periods, counselling sessions.
- The level of support needed, including emergency situations.
- Who will provide support and their training needs with confirmation of their proficiency to provide support from a healthcare professional. This will also include cover arrangements for when they are absent or unavailable.



- Who in the school needs to be aware of the child's condition.
- Written permission from parents for medication to be administered by a member of staff or selfadministered by the student during school hours.
- Separate arrangements or procedures such as risk assessments required for school trips or other school activities outside of normal school hours that ensure the child can participate.
- The needs and opinions of the child.
- Data protection and maintenance of confidentiality.
- What to do in emergencies, who to contact, and contingency arrangements.

Plans are reviewed at least annually, or earlier where needs have changed.

# **Management and Storage of Medicines**

Prescription and non-prescription medicines will only be administered at school when consent has been obtained from parents and would be detrimental to the students' health and/or attendance if they did not take them. The only exception is the rare circumstance where the medicine has been prescribed to the student without the knowledge of parents.

Schools will only accept prescribed medicines that are in-date, clearly labelled, and in the original container from the pharmacist showing instructions for administration, dosage, and storage.

Schools will accept insulin that is inside an insulin pen or pump rather than its original container but must be in date. Staff administering medicines must check appropriate and/or maximum dosages and whether an appropriate period has elapsed since the last dose was taken. Parents must be informed when any medicine is administered.

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

All medicines will be safely stored, in a suitably convenient place so they can be accessed quickly in a location known by the student. Medical devices such as asthma inhalers, blood glucose testing meters and adrenaline pens must also be stored in readily accessible locations. Medicines will be returned to parents 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. 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. Controlled drugs should be kept in a secure yet easily accessible location so that they can be quickly accessed in an emergency. Names should be clearly marked to prevent mistakes, and full records kept when doses are administered.

## **Students Managing Their Own Needs**

Students who are competent and confident will be encouraged to take responsibility for managing their own medical needs. This will be discussed with parents and outlined in IHPs.

# **Unacceptable Practice**

Staff must not:

- Prevent students from accessing and administering their medication in accordance with an IHP.
- Assume that every student with the same condition requires the same treatment.
- Overlook the views of the student or their parents.
- Ignore medical evidence or opinion although this may be challenged.



- Frequently send students home for reasons associated with their medical condition or prevent them from participating in normal school activities unless specified in their IHPs.
- Send a child unaccompanied to the school office, medical room, or similar when they are ill.
- Prevent students' from gaining attendance rewards where their absence is related to their condition, such as for hospital appointments.
- Prevent students from appropriately managing their medical condition through stopping them drinking, eating, going to the toilet, taking a break, or similar.
- Insist parents attend school to administer medication or provide medical support, including toileting issues.
- Administer or ask students to administer medicine in inappropriate places such as school toilets.

# **Emergency Procedures**

Staff will follow the school's normal emergency procedures when dealing with students with medical conditions. All pupils' IHPs will clearly set out what constitutes an emergency and outline what to do in such circumstances. If a child needs to be taken to hospital, staff will accompany them in the ambulance if parents don't arrive in time, then stay with the student until parents arrive at hospital.

# **Training**

Staff will have suitable training to ensure they are competent and confident in their ability to support students' medical needs and fulfil the requirements of IHP's. Training needs will be identified during the development or review of IHPs, with healthcare professionals advising as to the training required, and advising as to the competency levels of staff.

# **Record Keeping**

Schools will keep full written records of all medicine administered to students. These will be securely stored and disposed of in accordance with data protection guidelines after a student leaves the school.