

Supporting pupils with medical conditions policy

We are proud to belong to the Carr Hill Community where we pursue excellence through commitment, aspiration, resilience and respect

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions



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Headteacher Mr A Waller, MA, BA Hons
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- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

2. 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.

3. Roles and responsibilities

The Governing Body

- The Governing Body has overall responsibility for the implementation of the Policy on supporting students with medical conditions at Carr Hill High School
- The Governing Body has overall responsibility for ensuring that the Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- The Governing Body is responsible for ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of students with medical conditions are properly supported.

The Headteacher

- The Headteacher is responsible for ensuring that members of staff who provide support to students with medical conditions are suitably trained and have access to information needed.
- The Headteacher is responsible for the day-to-day implementation and management of the Policy and relevant procedures of Carr Hill.
- The Headteacher will ensure that supply teachers are appropriately briefed regarding students' medical conditions.
- The Headteacher is responsible for handling complaints regarding this policy, as outlined in the school Complaints Policy.

The Business Manager

- The Business Manager is responsible for ensuring the correct level of insurance is in place for the administration of medication.

Members of Staff

- May be asked to support students with medical conditions and develop healthcare plans. School staff will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and they will consider each request separately.

- Focus on the needs of individuals in ensuring that students and parents have confidence in the school's ability to provide effective support
- Ensure students have easy and appropriate access to their medications at all times (including school trips, PE and sporting events, school transport and before and after school clubs)
- Allow students themselves to manage their medical condition effectively in line with their individual healthcare plans
- Receive professional training where this is required
- If a student is sent to hospital then the student's parent/carer will be informed and at least one member of staff will accompany the student until their parent/carer has arrived.
- The school accepts that all employees have rights in relation to supporting student with medical need as follows:
 - Choose whether or not they are prepared to be involved
 - Receive training as appropriate and work to clear guidelines
 - Bring to the attention of the leadership team any concern or matter relating to supporting students with medical conditions

Parents and Carers

- The prime responsibility for a student's health lies with the parent / carer
- Provide school with sufficient and up-to-date information about their child's medical needs
- Train their child to self-administer medication if this is practicable so that members of staff will only be asked to be involved if there is no alternative
- Parents/ carers are responsible for advising or training staff on the administration of prescription medication (in line with the printed advice that accompanies the medication)
- Where parents have asked the school to administer the medication for their child they must complete a school Consent form (Appendix 4). This ensures that the school is able to comply with the requirement to keep adequate records. School will only administer essential medication to a child where it would be detrimental to their health not to do so during the school day
- Where parents / carers do not engage with school regarding medical concerns for a student, the school will refer to the school nurse in order to support the student and their medical needs
- Medicines must be properly presented by parents through the school office and in accordance with the notes on the Medical Information Consent Form

Educational Visit Trip Leaders

- The Trip Leader is responsible for undertaking a risk assessment for school trips and external activities.

Students

- It is the responsibility of the students to follow all medical protocols within school.

4. Equal opportunities

Our school 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 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.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below 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.

See Appendix 1.

6. Individual healthcare plans (Appendix 5)

The headteacher has overall responsibility for the development of IHPs (commonly referred to as 'care plans') for pupils with medical conditions. This has been delegated to the Pastoral Assistant Headteacher.

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 headteacher 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 nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. 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 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 (appendix 6)
- 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
- Copies of IHPs are stored at reception with a list of which student has an IHP. Where there is a first aid request either via the online system or radio / phone this list is checked and where an IHP is in place first staff will have it made available to them.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent

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

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. A pupil 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 pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff 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.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs. Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil 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 so that an alternative option can be considered, if necessary.

7.3 Epipens and other Emergency Medication

Appropriate staff will be given the necessary training in the administration of emergency medication, where necessary, in conjunction with other health professionals.

Arrangements will be made for immediate access to any emergency medications for example:

- Epipens will be kept with the student with a labelled spare pen held at reception.
- Asthma medication will be kept with the student. Spare emergency inhalers and equipment is held in Reception, Attendance Office, PE, and both science prep rooms.
- Buccal Midazolam, when prescribed, is located at reception, training for administration is delivered by a member of the School Nursing Team to appropriate staff annually. In the event that Buccal Midazolam needs to be administered, the person administering it should check that an ambulance has been called to ensure the student gets prompt medical attention.
- Any medicines such as Ritalin which requires double locking will be kept in a locked metal box in a locked cupboard at reception.
- Wherever there are specific requirements needed with a controlled medicine, to meet the medical needs of an individual in school, then Carr Hill will work within the medical and DfE guidance regarding this.

Emergency medication will always be taken if the student goes out on a trip and identified trained staff designated to administer if required.

7.4 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents

- Ignore medical evidence or opinion
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Procedures for Off-Site Learning

Residential Visits

The Trip Leader is responsible for liaising with the First Aid and EVC to check the medical needs of students.

- The Trip Leader must check any IHCP requirements with parents/carers and put appropriate procedures and contingency plans in place, this includes undertaking a risk assessment. A copy of the IHCP is available from reception or the students linked documents.

Day Visits

The Trip Leader is responsible for liaising with the First Aid and Safety Support Officer to check the medical needs of students.

- The Trip Leader must check any IHCP requirements with parents/carers and put appropriate procedures and contingency plans in place, this includes undertaking a risk assessment.
- For part-day visits, students should, wherever possible, go to the First Aid Room before/after the visit to take their medication.
- For full day visits, parents/carers are responsible for completing the Parental Consent Form providing the relevant information.
- The Trip Leader will collect any necessary medication from reception and follow normal guidelines or requirements set out in an IHCP and take any plans appropriate to the needs of the individual student.

9. 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.

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.

10. 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. 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 pastoral Assistant Headteacher. 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 pupils
- Fulfil the requirements in 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

Healthcare 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 measures so they can recognise and act quickly when a problem occurs.

11. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

12. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

The school is a member of the Department for Education's risk protection arrangement (RPA).

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

15. Medical absences

If a child is absent from school for a long time, as a result of a diagnosed medical condition, the local council will make sure they get as normal an education as possible. This could include arranging:

- Home teaching
- A hospital school or teaching service
- A combination of home and hospital teaching
- Local councils should have a senior officer in charge of the arrangements and a written policy explaining how they'll meet their responsibilities. The local council is also responsible for making sure a child:
 - Isn't without access to education for more than 15 working days
 - Has access to education from the start of their absence if it's clear they're going to be away from school for long and recurring periods
 - Gets an education of similar quality to that in school
 - Gets their minimum entitlement of 5 hours teaching per week, as long as their health allows
- Support for medical needs at school

16. Asthma

At the beginning of each school year, or when a child joins the school, parents/ carers are asked to update their child's medical information as part of the data collection sheets. In addition parents / carers asked to complete and return the forms in appendix 5 with details of their Child's asthma and consent to use the emergency inhaler. This information will be kept in the asthma register.

At the end of the school year, all medication is sent home with a new asthma card to complete for the following academic year. If medication changes in between times, parents are asked to inform the school.

Carr Hill High School recognises that asthma is a condition affecting many school students and staff.

Carr Hill High School encourages students with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff.

Asthma Medication:

- Immediate access to reliever inhalers is vital. The reliever inhalers of students should be kept with the student at all times and an emergency inhaler is available at reception attendance office, PE and both Science Prep rooms.
- Parents are responsible for checking that inhalers are in date and not empty.
- Emergency inhaler

- The school follows the guidance supplied by the Department for Health on the use of emergency inhalers in schools. One is stored at reception, attendance office, PE and both Science Prep rooms.
- In order for the emergency inhaler to be used the student must comply with the statutes recommended by the Department for Health:
- The emergency salbutamol inhaler should only be used by students:
 - Who have been diagnosed with asthma, and prescribed a reliever inhaler;
 - OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given.

Appendix 2 – letter to inform parents of emergency school inhaler used Asthma attacks

Appendix 3 – how to recognise an asthma attack

Appendix 4 – What to do in the event of an asthma attack

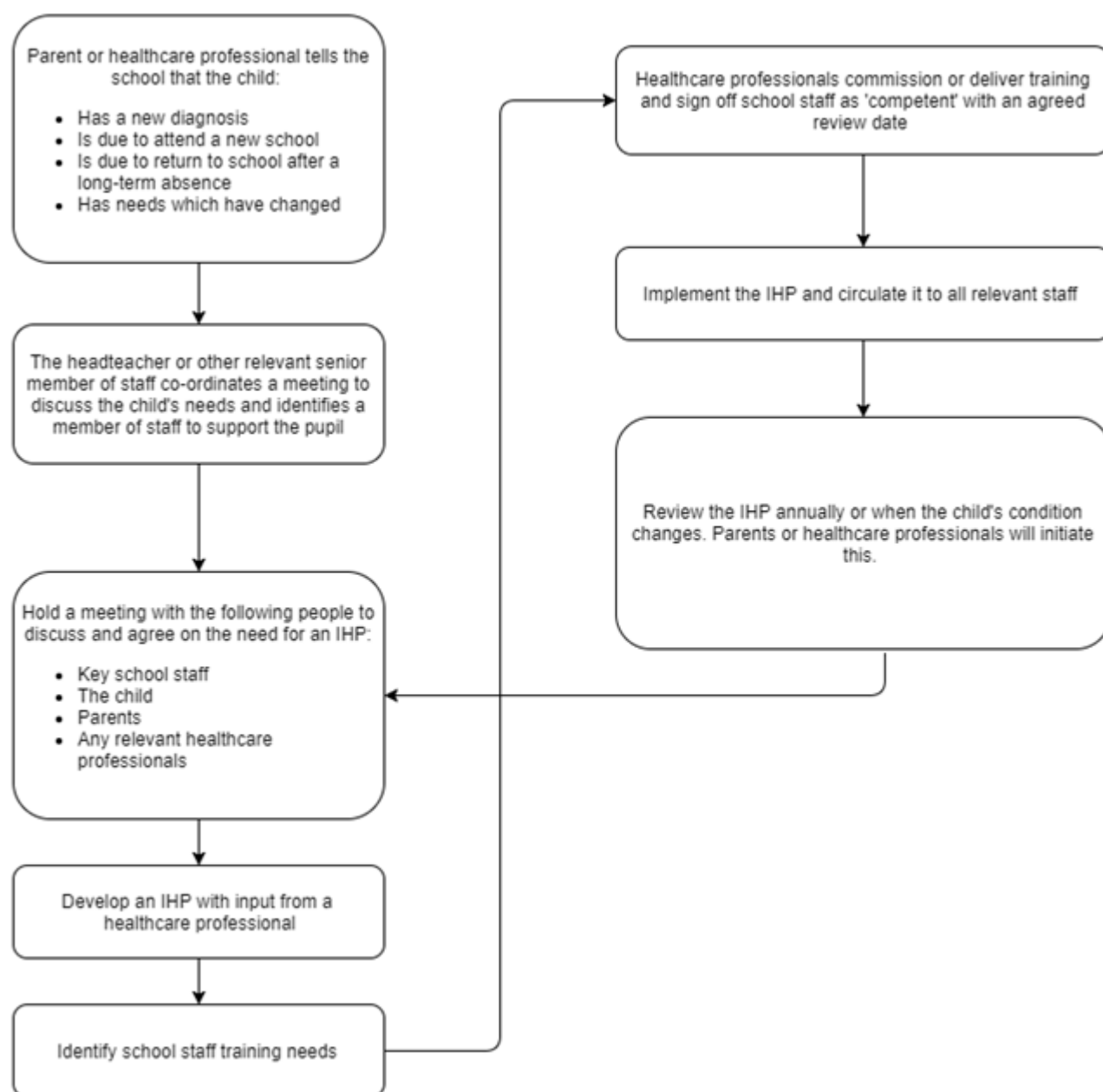
Appendix 5 – Parent letter and reply forms for Asthma

Approved October 19th 2022

Mrs J Shepherd
Chair of Governors

Mrs R Leaper
Chair of Behaviour, Attendance & Wellbeing

Appendix 1: Being notified a child has a medical condition



Appendix 2

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Date:

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. .

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Appendix 3

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
 - Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF

THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Appendix 4

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- **Keep calm and reassure the child**
- **Encourage the child to sit up and slightly forward**
- **Use the child's own inhaler – if not available, use the emergency inhaler**
- **Remain with the child while the inhaler and spacer are brought to them**
- **Immediately help the child to take two separate puffs of salbutamol via the spacer**
- **If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs**
- **Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better**
- **If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**
- **If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way**

Appendix 5 – Sample Letter

Dear Parent/Carer/Guardian,

The School supporting medical conditions policy has a specific section for the management of asthma, based on a joint policy between the Education Authority, and the Local Hospital. If your child has asthma we would be grateful if you could fill in the two forms included with this letter and return them to school as soon as possible. This will be kept in school as a record of your child's asthma treatment.

You may need to ask your child's General Practitioner (GP) or Practice Nurse to help you.

If your child is diagnosed as having asthma please let the school know as soon as possible, so we can ensure that they have appropriate access to their medication.

Please let us know if your child's regular treatment is changed at any time. It is important that you tell us in order that the record can be updated.

If your child is likely to need asthma treatment while at school, please ensure that your child has an inhaler at school at all times, including school trips, clearly marked with their name. Please ask your GP to prescribe a new inhaler and spacer, plus spare, each September at the start of each new school year, to be kept by school. At the end of each school year, inhalers can be taken home and used normally.

Important

Poorly controlled asthma can interfere with a child's school performance. Please let your child's class teacher know if your child's asthma is being more troublesome than usual, especially if their sleep is being disturbed.

If your child becomes asthmatic at any time, please inform us immediately.

Please sign the enclosed form regarding the giving of relievers in the event that your child has a severe attack in school.

If you need to discuss this further, please do not hesitate to contact school for an appointment.

Kind regards,

Signed

Asthma Form – Giving of Relievers

Name of child _____ Date of birth _____

Please state which inhalers / medicines are likely to be needed in school, and the likely indications for use (eg. Relievers needed before PE / before going out into cold air / during a bad cold)

Inhaler _____

Likely reasons for use _____

Has your child got a self-management plan? Yes / No
(Contact your Practice Nurse if you are not sure)

Please give details of TWO contact numbers to be used in an emergency –

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of GP _____

Telephone Number _____

GP Asthma Practice Nurse _____

Telephone Number _____

Signed (Parent/Carer/Guardian) _____ Date _____

Sample Parental Consent Form

I being the Parent/Carer/Guardian of _____ understand that I am responsible for ensuring that my child is equipped with their asthma medication as required.

I understand my child will be given extra relief medication using the inhaler held by the school in the event of them suffering an asthma attack. I understand that the emergency reliever and spacer will be used in an emergency, if larger doses of reliever medication are deemed necessary.

I understand that I shall be informed if my child's asthma appears to be deteriorating in school, so that I can inform my child's GP or Practice Nurse as necessary.

Signed (Parent/Carer/Guardian) _____ Date _____

Appendix 6

Individual Healthcare Plan Template

Name of School/setting

Child's name

Mentor Group

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

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 7

Parental/ Carer agreement for school to administer medicine and record of medicine administered to an individual child

The school will not give your child medicine unless you complete and sign this form.

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
(as described on the container)

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

