



# Educational Diversity

# Supporting students with medical conditions policy

Approved by:	Date:
Last reviewed on:	March 2022
Next review due by:	March 2023

'With **confidence** we learn, through **challenge** we grow, with **commitment** we achieve,  
together we take **control** and realise our dreams'





## 1. Aims & Definitions

Educational Diversity is unique within the Local Authority in providing specialist support and education for students with medical conditions. These needs are met through home tuition and through attendance at our Home and Hospital centre, Athena. There is a continuous awareness that students across the service in other centres may also have medical conditions and this policy also applies to those students.

The aims of the policy are as follows:

- To ensure students in Educational Diversity with medical conditions, in terms of both physical and mental health are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of students with medical conditions are effectively supported in consultation with health and social care professionals, their parent/carers and the students themselves.

Educational Diversity aims to:

- assist parents/carers in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual students;
- liaise as necessary with medical services in support of the individual student;
- ensure access to full education if possible, so that all students with medical conditions are able to participate in all aspects of school life;
- monitor and keep appropriate records, through an Individual Healthcare Plan (IHP) or other identified suitable method.

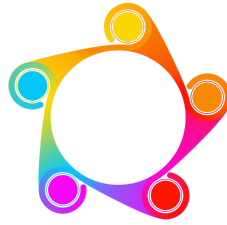
### Definitions

- Pupils' medical needs may be broadly summarised as being of two types:
- (a) Short-term affecting their participation in school activities, whilst they are on a course of medication or treatment
- (b) Long-term potentially limiting their access to education and requiring extra care and support.

## 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 Management Committees to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).



### **3. Roles and Responsibilities**

#### **3.1 The Management Committee**

The Management Committee has ultimate responsibility to make arrangements to support students with medical conditions. The Management Committee will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

#### **3.2 The Headteacher**

The Headteacher or nominated staff member will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

#### **3.3 All Staff**

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Staff should support students to become more independent to manage their own conditions/looks for triggers, signs etc and support them to be responsible for any equipment etc.

#### **3.4 Parents/Carers**

Parents/Carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs which will then be recorded on SIMS
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment
- Ensure supply of medication/checking use by dates etc



### **3.5 Students**

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

Students should be taught/encouraged to take responsibility for managing their own condition as appropriate.

### **3.6 School nurses and other healthcare professionals**

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. In most instances this will be the case through a robust induction process.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any students identified as having a medical condition.

If we become aware that a student has medical needs we will liaise with the school nursing service for any necessary support/training.

## **4. Equal opportunities**

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

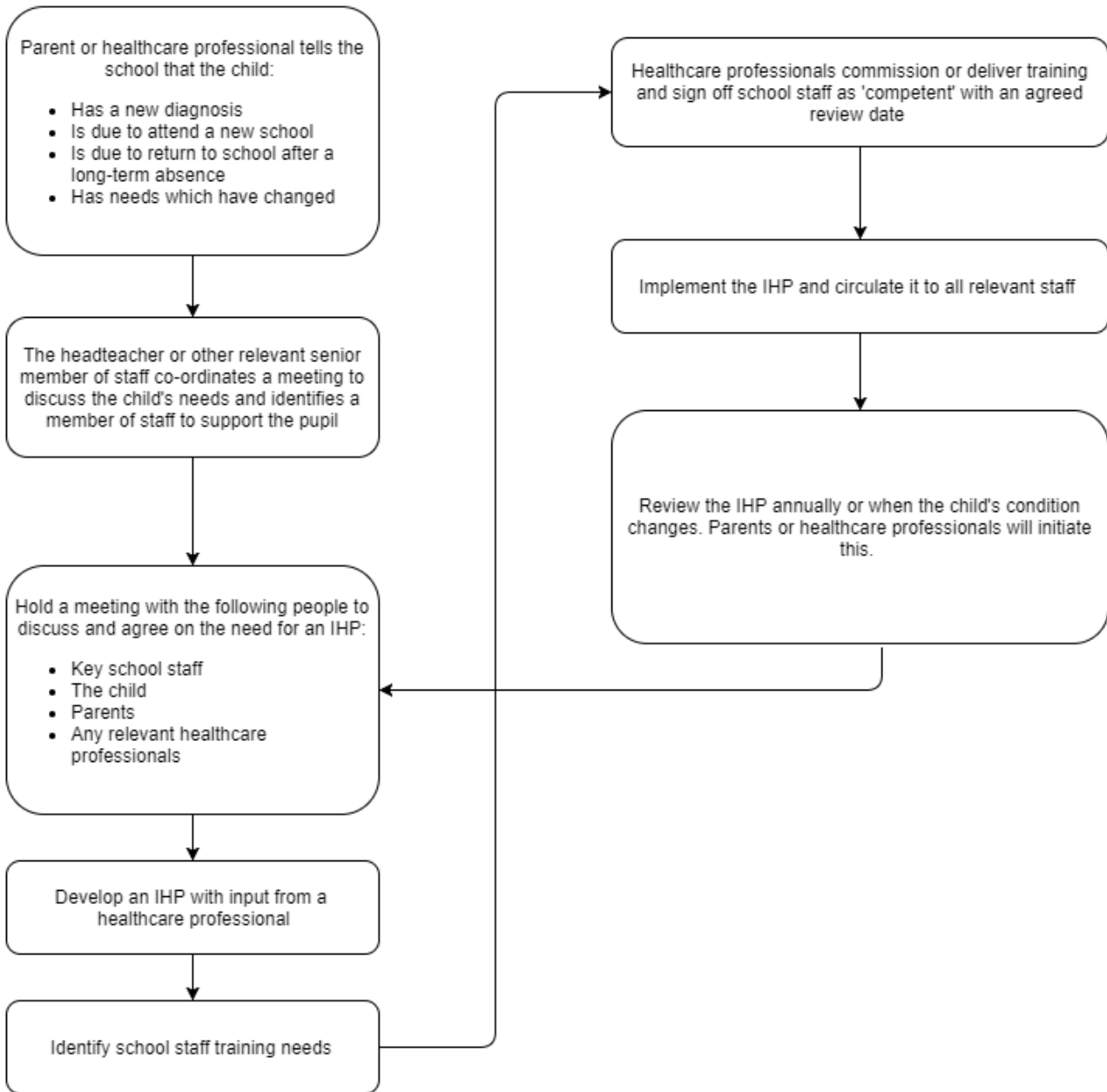
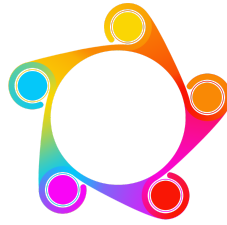
The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parent/carers 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 student has a medical condition, the process outlined below will be followed to decide whether the student 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 students who are new to our school.



## 6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the appropriate Lead Teacher within the centre.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom



Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parent/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parent/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care Plan (EHCP). If a student has SEN but does not have a statement or EHCP, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Management Committee and the Headteacher and Lead Teachers will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student'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 student'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 student 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 student'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 student's condition and the support required
- Arrangements for written permission from parent/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## **7. Managing medicines**

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

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parent/carers' written consent

**The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parent/carers.**

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



Anyone giving a student 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 and in appropriate conditions e.g. Fridge. 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 students and not locked away.

Medicines will be returned to parent/carers 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 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 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 parent/carers 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 student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parent/carers so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable practice**

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

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parent/carers
- Ignore medical evidence or opinion (although this may be challenged)



- 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 student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parent/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parent/carers to accompany their child
- Administer, or ask students to administer, medicine in school toilets

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

## **9. Training**

Staff who are responsible for supporting students 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 students 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 Lead Teachers. 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 students
- 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. This will be provided for new staff during their induction.





## **10. Record keeping**

The Management Committee will ensure that written records are kept of all medicine administered to students. Parents will be informed if their student has been unwell at school.

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

## **11. Liability and indemnity**

The Management Committee 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 policies relating to supporting students' medical conditions and public liability are in line with the Local Authority's policy documentation.

## **12. Complaints**

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

## **13. Monitoring arrangements**

This policy will be reviewed and approved by the Management Committee every year.

## **14. Links to other policies**

This policy links to the following policies:

- Accessibility Plan
- Complaints
- Equality Information and Objectives
- First Aid
- Health and Safety
- Child Protection & Safeguarding
- Special Educational Needs Information Report and Policy



## EDUCATIONAL DIVERSITY

### ADMINISTRATION OF MEDICATION CONSENT FORM

Staff at Educational Diversity will not administer medication to your child unless the attached consent form has been completed by the parent/carer.

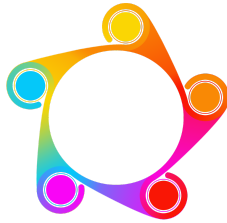
All medication must be in the original container as dispensed by the pharmacy, with the student's name, contents, dosage and prescribing doctors name.

This information is requested in confidence to ensure that we are fully aware of the medical needs of your child.

DATE	
PUPILS NAME	
DATE OF BIRTH	
NAME OF MEDICATION	
DOSAGE	
WHEN TO BE GIVEN	
QUANTITY OF MEDICINE RECEIVED BY SCHOOL	
SPECIFIC REQUIREMENTS (ie, store at room temperature)	
HOW LONG WILL THE CHILD NEED TO TAKE THE MEDICATION	
DAYTIME CONTACT DETAILS OF PRIMARY CARER/PARENT	
ALTERNATIVE CONTACT FOR EMERGENCY PURPOSES	
CONTACT DETAILS FOR GP	
REVIEW DATE	

#### PARENTAL CONSENT

I confirm that the medication detailed above has been prescribed by a doctor and that I give my permission for delegated staff to administer the medication to my child.



I will inform school immediately, in writing, if there is any change in the medication (dosage/frequency) or if the medication is to be stopped. I also agree that I am responsible for collecting any unused or outdated medication in order to dispose of them

The above information is accurate at the time of the agreement being signed

Signed:.....  
.....

Date:

**Inhalers.**

Name of student: .....  
.....

D.O.B:

My son/daughter does/does not (please circle) require an inhaler. I will ensure that my child, if required, will carry their inhaler on a daily basis.

Parent signature: .....  
.....

Date:

**Paracetamol.**

Name of student: .....  
.....

D.O.B:

I sign to give consent for the above student to be given paracetamol in school under the supervision of Athena staff. I understand that telephone consent will also have to be given on the day prior to administration.

Parent signature: .....  
.....

Date: