Bishop Thomas Grant School

Supporting students with Medical Conditions Policy

'In accordance with the Equalities Act, we will strive to eliminate all forms of discrimination, harassment or bullying. All individuals will be treated fairly and will not be treated less favourably on the basis of protected characteristics detailed in the Equalities Act including race, gender, age, sexuality, religion and disability'

Review Cycle

Reviewed	Approved by:	Next review:	Staff Responsible
May 2021	Ethos Committee	May 2023	Mrs A O'Donovan
January 2024	Ethos Committee	January 2026	Mrs A O'Donovan
January 2026	Ethos Committee	January 2028	Mrs A O'Donovan

'To unite all things in Christ'. Ephesians 1:10

Bishop Thomas Grant School will play a key role in the formation of our young people so that they become responsible Christian adults. Inspired by the message of Jesus Christ they will contribute effectively to society by promoting justice, honesty and charity in all aspects of their lives.

A Voluntary Aided School in the Trusteeship of the Archdiocese of Southwark

The Governing Board of Bishop Thomas Grant School is committed to safeguarding and promoting the welfare of children and young people and expect all staff, volunteers and external agencies to share this commitment.

Contents

Introduction

Bishop Thomas Grant School is committed to providing a secure environment for students, where they feel safe and are kept safe. At Bishop Thomas Grant School, we recognise that safeguarding is everyone's responsibility irrespective of the role they undertake or whether they have direct contact or responsibility for students or not.
Our school's Supporting Students with Medical Conditions Policy draws upon the DfE Guidance "Supporting pupils with medical conditions", April 2014.
This policy sets out the steps that the school will take to ensure full access to learning and school life for all its children that require medication. It is designed to support managing medication and medical care in school, and to put in place effective management systems to support individual students with medical needs.

This policy document is for the school staff, agency staff, and volunteers and for parents/carers. This document can be viewed on the school website.

1. Aim

- Ensure that all young people with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Parents/carers of students with medical conditions feel secure in the care their children receive at school.
- Young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- In line with their safeguarding duties the school will ensure that students' health is not put at unnecessary risk from, for example infectious diseases. The school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- Some children with medical conditions may be disabled. Where this is the case, the school will comply with their duties under the Equality Act 2010 as their special educational provision.

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 students 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

3.1 The Governing Body

- The Governing Body has ultimate responsibility to make arrangements to support students with medical conditions. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- The Governing Body should ensure that any member of staff who provide support to students with medical conditions are able to access information as needed.

3.2 The Headteacher

The Headteacher will:

- Ensure that all staff are aware of this policy for supporting students with medical conditions and understand their role in its implementation
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all Vulnerable Student Plans and Individual Healthcare Plans, including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of the child's condition.
- Have overall responsibility for the development and review of Vulnerable Student Plans and IHPs in partnership with healthcare professionals, parents, and the student.
- Ensure that school staff are appropriately insured and are aware that they are insured to support students in this way.

3.3 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, although they will not be required to do so. 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 pupils 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.
- School staff may need to take extra care in supervising some activities to make sure students with medical conditions, and others, are not put at risk.

3.4 First Aid Co-ordinator: Mrs Jeganathan

- Ensures that students with medical needs are identified and properly supported within the school. This includes supporting staff by implementing a students' Vulnerable Student Plans and Individual Healthcare Plans provided by a medical professional
- The First Aid Co-ordinator will work with their Line Manager to determine the training needs of school staff and record completed training on the Staff Training Record Form
- Ensure training is delivered by qualified professionals where specialist knowledge is required
- Oversee the safe storage, handling, and administration of medicines in line with the school policy. Keep accurate records of all medicines administered.

3.5 Parents

Parents/carers will:

- Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition, updates and changes. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The First Aid Co-ordinator may also provide additional background information and practical training for school staff.
- Be involved in the development and review of their child's Individual Health Plan (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, and ensure they or another nominated adult are contactable at all times.
- Complete a parental agreement on the Administration of Medicine in School Form when bringing any medication in to school.

3.6 Students with Special Medical Needs

- Young people with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their IHP.
- Some students have medical conditions that, if not properly managed, could limit their access to education.

  These students may be:

  a) Epileptic

  b) Asthmatic

  c) Have severe allergies, which may result in anaphylactic shock

  d) Diabetic

  e) Have Sickle Cell/Thalassemia

- Such students are regarded as having medical needs. Most students with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

3.7 School nurses and other healthcare professionals

- A school's ability to provide effective support will depend on working co-operatively with other agencies. Our school has access to nursing service. They are responsible for notifying the school when a student has been identified as having a medical condition which will require support in school. Wherever possible, this should be before the student starts school. They may support staff to implement a student's IHP and with training staff where necessary.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff offering training for the school.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.
- Specialist local healthcare teams may provide support for students with specific conditions (e.g. asthma, allergy, diabetes, epilepsy)

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 parents and any relevant healthcare professionals will be consulted.

5. Being notified that a student has a medical condition

- The First Aid Co-ordinator will ensure the School's Information System is updated and a Vulnerable Student Plan will be created.
- The First Aid Co-ordinator will brief the Safeguarding Lead, Head of Year and School Office Team.
  This will be in place as soon as possible for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.
- The school will make every effort to ensure that arrangements are put into place as soon as possible, or by the beginning of the relevant term for students who are new to our school.

6. Asthma

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK. Students with asthma can get symptoms like coughing, wheezing, feeling breathless or a tight chest, turning blue. Most common triggers are colds and viruses, pets, pollen, pollution, house dust mites, or stress.

Bishop Thomas Grant School recognises that asthma is a widespread, serious but controllable condition affecting many students. The school positively welcomes students with asthma and encourages them to achieve their potential in all aspects of school life.

- From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers from pharmaceutical company, without a prescription, for use in emergencies.
- **The emergency salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**
- The school's emergency inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken or empty).
- All students prescribed an Inhaler should have 2 devices at school, one they will carry with them at all times and the spare one will be kept in Reception for emergencies.
- Inhalers held by the school should be considered spare / back-up devices and not a replacement for a student's own inhaler.
- Parents of students with asthma should provide the school with an Asthma Action Plan on an annual basis that describes exactly what to do and who to contact in the event of an asthma attack. The plans are medical documents, and should be completed by a child's healthcare professional, in partnership with parents/carers and shared with the First Aid Co-ordinator. Parents are also asked to update the Asthma Action Plan if the child's medicine or dosage changes during the year.
- The First Aid Co-ordinator maintains a register of students who have been prescribed an inhaler (or where a doctor has provided a written plan recommending the device to be used in the event of an asthma attack) and shares the information with all relevant members of staff.
- The First Aider will keep a record of the use of any Inhaler and inform a parent/carer in writing when their child has been administered the device, where the attack took place, how much medication was given and by whom (this information should be passed by the parent/carer onto the child's GP)
- The First Aid Co-ordinator is responsible for ensuring that the emergency inhaler protocol is followed and maintaining the spare asthma kit.
- All Inhalers are always accessible in Reception and available for student's' use.
- The "emergency asthma kit" is stored in Reception together with the "emergency anaphylaxis kit", separate from any student's own prescribed devices and includes:

    1. 2 Epi Pens
    2. 2 Asthma Inhalers
    3. 4 disposable spacers
    4. Instructions on how to use the devices
    5. Instructions on cleaning storage of the devices
    6. Manufacturer's information
    7. A checklist of injectors and inhalers, identified by their batch number and expiry date with monthly checks recorded

8. A note of the arrangements for replacing the injectors and inhalers
9. A list of students to whom the Epi-Pens and Inhalers can be administered
10. An administration record (including how much medication was given and by whom)

- Taking part in sports, games and activities is an essential part of school life for all students. All teachers know which students in their class have asthma and all teachers at the school are aware of which students have asthma from the school's asthma register. Students with asthma are encouraged to participate fully in all PE lessons.

7. Allergies

Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic student. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of serious allergic reactions to food happen whilst a child is at school, and these can happen in someone with no prior history of food allergy. The school ensures that our staff are trained to recognise the signs of an allergic reaction, and are able to manage it safely and effectively.

Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen, and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis, which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline, which is administered with an Adrenaline Auto-Injector (AAI).

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows schools to buy AAI devices without a prescription, for emergency use on students who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

- **The school's spare AAI should only be used on students known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided**.
- The school's spare AAI's' can be administered to a student whose own prescribed devices cannot be administered correctly without the delay.
- Any Epi-Pens held by a school should be considered a spare / back-up device and not a replacement for a student's own Adrenaline Auto-Injectors. Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an Auto-Injector should carry two of the devices at all times. This guidance does not supersede the advice from the MHRA, any spare Auto-Injector held by a school should be in addition to those already prescribed to a student.
- All students at risk of anaphylaxis, should bring to school an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The plan should include First Aid procedures for the administering of adrenaline. The plans are medical documents, and should be completed by a child's healthcare professional, in partnership with parents/carers and shared with the First Aid Co-ordinator.
- The First Aid Co-ordinator maintains a register of students who have been prescribed an Adrenaline Auto-Injector (or where a doctor has provided a written plan recommending the device to be used in the event of anaphylaxis) and shares the information with relevant members of staff.
- The First Aider will keep a record of the use of any Adrenaline Auto-Injectors and inform parent/carer when their child has been administered the device.

- The First Aid Co-ordinator is responsible for maintaining the spare anaphylaxis kit.
- All Adrenaline Auto-Injectors are accessible in Reception and available for student's' use at all times.

8. Individual Healthcare Plans and Vulnerable Student Plans

The Headteacher has overall responsibility for the development of IHPs and Vulnerable Student Plans for students with medical conditions. This has been delegated to the First Aid Co-ordinator.
The IHPs should be arranged by the parent with input from a medical professional managing their child's specific health condition. These plans will be linked to, or become part of, any Education, Health and Care (EHC) plan.
If a student has SEN but does not have an EHC plan, 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.

Not all students with a medical condition will require an IHP. This should be agreed with a healthcare professional and by the parents, based on evidence, where an IHP would be inappropriate or disproportionate.

IHPs are often essential where conditions fluctuate, where there is a high risk that emergency intervention might be needed, or where medical conditions are long term and complex.

All students with medical conditions will have Vulnerable Student Plans developed by the First Aid Co-ordinator, in consultation with the parent/carer.
The main purpose is to ensure clarity about what needs to be done, when and by whom.
These plans will capture key information and actions required to support the student effectively.

The level of detail within plans will depend on the complexity of the student's condition and the degree of support needed. Students with the same health condition may require very different level of support.

Plans are easily accessible to all who need to refer to them, while maintaining confidentiality.

The following information should be recorded:

- 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 should 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.
- Who in the school needs to be aware of the student's condition and the support required.
- Arrangements for written permission from parents for medication to be administered by the designated First Aider, 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/pupil, 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.

The IHP will be reviewed annually, or earlier if the students need changes. They will be developed with the student's best interest in mind to ensure assessment and risk management to the student, education, health and social well-being, and minimizes disruption.

9. 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 parents' written consent -

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

- Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours.
- Where appropriate, students will be encouraged to take their own medication under the supervision of a First Aider.
- The First Aider supervising the administration of any medication (for example, for pain relief) will first check maximum dosages, recommendations to administer medication (before/after food) and when the previous dosage was taken.
- School will keep a record of all medicines administered to individual students, stating what, how much was administered, when and by whom. Any side effects after taking medication at school will be noted on the Record of Medicine Taken in School Form
- If a child refuses to take their medication, the First Aider will accept their decision and inform the parent/carer so that alternative options can be explored.
- The school cannot be held responsible for side effects that occur when medication is taken correctly.

The school will only accept prescribed medicines that are:

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

Non prescribed medication must be:

- In-date
- Provided in the original container, as dispensed by the pharmacist, with 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 in a locked cabinet in the First Aid Room. Students will be informed about where their medicines are at all times and be able to access them immediately via a First Aider. The main exception to this are Asthma Inhalers, blood glucose testing meters, Insulin and Adrenaline Pens which students will carry with their belongings at all times.

Students will be able to access their spare Asthma Inhalers and Adrenaline Pens stored in Reception, always available and not locked away.

The school's own emergency Asthma Inhalers / Epi-Pens will be held for emergency use, as per the Department of Health's protocol.

The First Aid Co-ordinator will remind parents close to the expiry date of any medication stored at school.

Any medication that are no longer required will be returned to parents for safe disposal

9.1 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.

The First Aid Co-ordinator is responsible for ensuring the correct storage of medication at the school.

A student who has been prescribed an inhaler, adrenaline pen or insulin 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 secure in the First Aid Room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record will be kept of any doses used and the amount of the controlled drug held in school.

9.2 Students managing their own needs

Students with certain health conditions, 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.

Students 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 parents so that an alternative option can be considered, if necessary.

9.3 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 parents.
- 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 reception unaccompanied or with someone unsuitable.
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.
- Administer, or ask students to administer, medicine in school toilets.
- Penalize students for their attendance record if their absences are genuinely related to their medical condition.

10. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling Emergency Services). All student's 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 a parent arrives, or accompany the student to hospital by ambulance.

Staff will not take students to hospital in their own car under any circumstances.

11. 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 the First Aid Co-ordinator. 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.

12. Record keeping

- Parents are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new students starting at other times during the year are also asked to provide this information on enrolment forms.
- The First Aid Co-ordinator will ensure that written records are kept of all medicines administered to students for as long as these students are at the school.
- Parents will be informed if their child has been unwell at school.
- IHPs and Vulnerable Student Plans are kept in a readily accessible place which staff are aware of.

13. Liability and indemnity

The Governing Body 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:
Department for Education Risk Protection Arrangement (RPA) Member URN: 100638

14. Complaints

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

15. Monitoring arrangements

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

16. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Child Protection and Safeguarding
- Complaints
- Equality information and objectives
- First Aid & Medicine
- Health and Safety
- Special Educational Needs

Useful Links

- Spare Pens in Schools
  www.sparepensinschools.uk
- EPI Pen Expiry Alert Service
  www.epipen.co.uk/patients/expiry-alert-service/
- JEXT Expiry Alert Service
  www.jext.co.uk/mini-modules/expiry-alert-service/
- EMERADE Expiry Alert Service
  www.emerade-baush.co.uk/hcp/reminder-service

Resources for Specific Conditions

- Allergy UK
  https://www.allergyuk.org/
- The Anaphylaxis Campaign
  www.anaphylaxis.org.uk
- SHINE - Spina Bifida and Hydrocephalus
  www.shinecharity.org.uk
- Asthma UK (formerly the National Asthma Campaign)
  www.asthma.org.uk
- Cystic Fibrosis Trust
  www.cysticfibrosis.org.uk
- Diabetes UK
  www.diabetes.org.uk
- Epilepsy Action
  www.epilepsy.org.uk
- National Society for Epilepsy
  www.epilepsysociety.org.uk
- National Eczema Society
  www.eczema.org
- Psoriasis Association
  www.psoriasis-association.org.uk/