

RMET

Supporting pupils with medical conditions policy

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Document Change History

Date:	Version:	Description of Changes:
30/09/2024	1.0	First Release

1. Introduction

1.1. 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.

1.2. The Trustees 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;
- Providing supply teachers with appropriate information about the policy and relevant pupils;
- Developing and monitoring individual healthcare plans (IHPs).

1.3 The named person with responsibility for implementing this policy is Agnes Hart at Rainham Mark Grammar School, Louise Hardie at Twydall Primary School and Helen Robson at Riverside Primary School.

2. Legislation and Guidance

2.1 This policy has been developed in accordance with the following legislation/guidance:

- This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on Trustees to make arrangements for supporting pupils at their school with medical conditions;
- It is also based on the Department for Education's (DfE) statutory guidance on [supporting pupils with medical conditions at school](#);
- This policy also complies with our funding agreement and articles of association.

3. Statement of Equality

3.1 We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitments to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

4. Roles and Responsibilities

4.1. The Board of Trustees

The Board of Trustees has ultimate responsibility to make arrangements to support pupils with medical conditions. Trustees will ensure that sufficient staff have received suitable

training and are competent before they are responsible for supporting children with medical conditions.

4.2. The Headteacher

The Headteacher 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;
- Ensure that all staff who need to know are aware of a child's condition;
- Take overall responsibility for the development of IHPs;
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- Contact the school nursing service in the case of any pupil 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.

4.3. Staff

4.3.1 Supporting pupils 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 pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

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

4.3.3 Teachers will consider 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 pupil with a medical condition needs help.

4.4. Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs;
- 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, and ensure they or another nominated adult are contactable at all times.

4.5. Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. As soon as they are able to contribute meaningfully, pupils 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.

4.6. School nurses and other healthcare professionals

4.6.1 Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

4.6.2 Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

5. Equal opportunities

5.1 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.

5.2 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.

5.3 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.

6. Being notified that a child has a medical condition

6.1 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.

6.2 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.

7. Individual healthcare plans (IHPs)

7.1 The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCO or Medical Needs Co-Ordinator of each school. For some pupils, these will take the form of the asthma-specific care plan.

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

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

- What needs to be done;
- When;
- By whom.

- 7.4 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.
- 7.5 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 advice on the pupil's specific needs. The pupil will be involved wherever appropriate.
- 7.6 Where relevant, the IHPs will be linked to an education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP.
- 7.7 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The SENCO/Medical Needs Co-Ordinator, 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;
 - 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.

8. Managing medicines

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

- Where the timeframe does not allow for medication to be administered at home;
- When it would be detrimental to the pupil's health or school attendance not to do so; and
- Where we have parents' written (digital) consent.

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

- 8.2 Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- 8.3 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.
- 8.4 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.
- 8.5 The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- 8.6 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.
- 8.7 Medicines will be returned to parents to arrange for safe disposal when no longer required.
- 8.8 Controlled drugs:
- 8.8.1 [Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.
- 8.8.2 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.
- 8.8.3 Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.
- 8.9 Pupils managing their own needs:
- 8.9.1 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.
- 8.9.2 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.
- 8.10 Unacceptable practice:
- 8.10.1 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 (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 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;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, 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 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.

9. Emergency procedures

9.1 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.

9.2 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.

9.3 In line with best practice guidance, the Headteacher may agree for the school to hold its own emergency medication, such as a salbutamol inhaler and an adrenaline auto-injector, to be administered if required in an emergency situation. Parents will be asked to give consent for this medication to be used if necessary for pupils who have the relevant prescriptions.

10. Training

10.1 Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

10.2 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.

10.3 The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher and SENCO. Training will be kept up to date.

10.4 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 understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

10.5 Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

10.6 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.

For asthma specific guidance, see Appendix 2.

11. Record keeping

11.1 Trustees 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.

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

11.3 Meditracker is used to record electronically when medicines are administered and to notify parents of this.

12. Liability and indemnity

12.1 Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

[Risk protection arrangement \(RPA\) for academy trusts - membership rules \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/611117/rpa-membership-rules.pdf)

13. Complaints

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

14. Monitoring Arrangements

14.1 This policy will be reviewed by the Director of Education every 3 years.

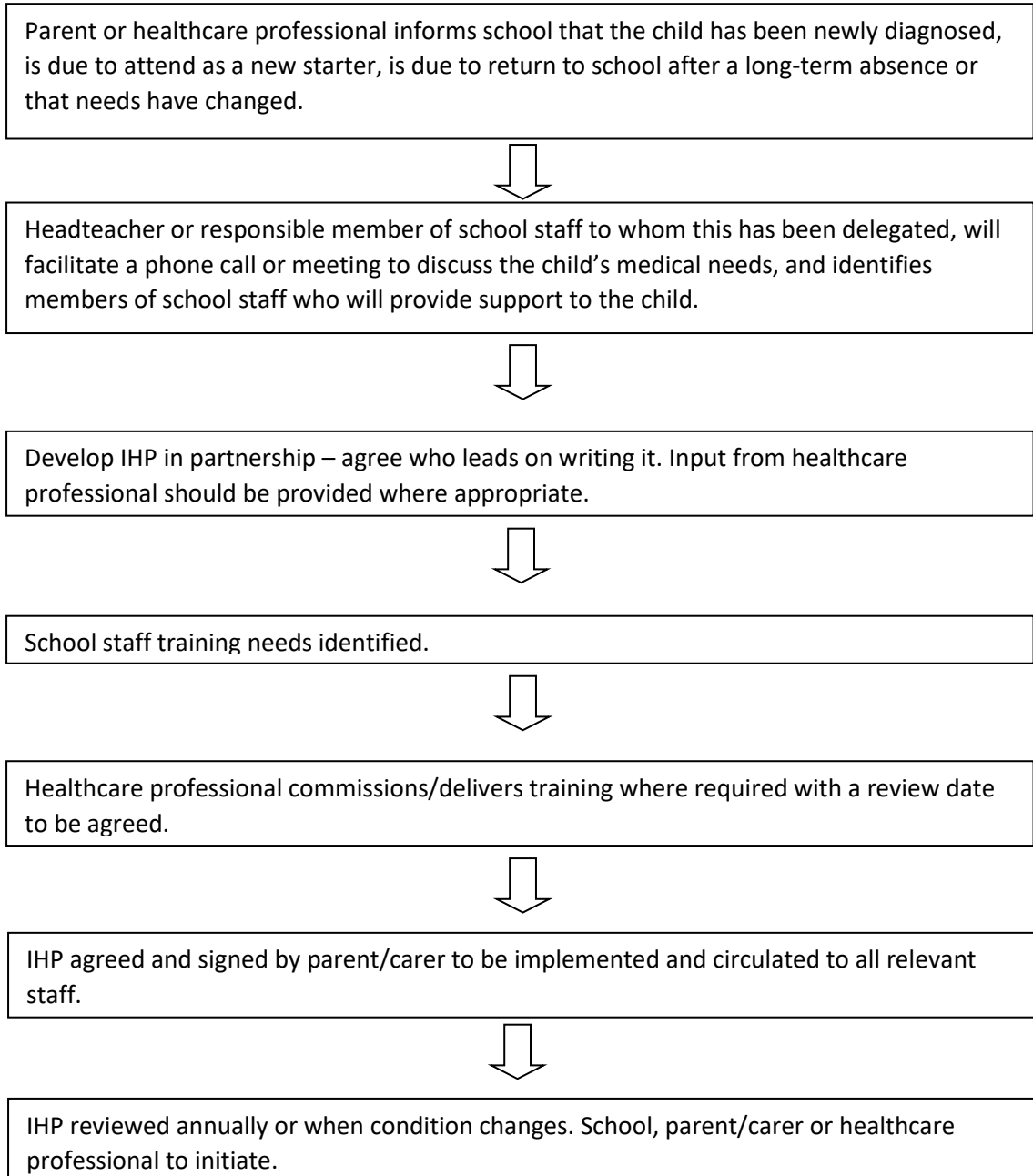
14.2 At every review, the policy will be approved by the Trust Board.

15. Links with other Policies

15.1 This Supporting Pupils with Medical Conditions policy is linked to the following policies:

- RMET Accessibility plan
- RMET Complaints Policy
- RMET Equality Information and Objectives Policy
- First aid in school
- RMET Health and Safety Policy
- RMET Safeguarding Policy
- RMET Special Educational Needs Information Report and Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Asthma specific guidance

Introduction

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 and over 25,000 emergency hospital admissions a year.

The School

Our school recognises that asthma is a widespread, serious but controllable condition and we welcome all pupils with asthma.

At the beginning of each school year or when a child joins the school, parents and carers will be asked if their child has any medical conditions. If a child or young person has asthma this will be documented on the asthma register.

Every asthmatic child should have a reliever inhaler and spacer in school stored with their individual school action plan. This action plan will include parental consent for staff to administer medicine.

The school will ensure they have received the child's individual action plan from the GP practice or parent.

The school recognises that pupils always need immediate access to reliever inhalers including all out of school activities. These can be kept in a small bag/ rucksack or box.

Children with asthma are encouraged to take control of their condition and feel confident in the support they receive from school. In case of an emergency where a child is unable to self-administer their inhaler, all staff should feel confident in managing this situation. All staff must understand their duty of care to children in an event of an emergency.

Exercise

Taking part in sports, games and activities is an essential part of school life for all pupils. The health benefits of exercise are well documented, and this is also true for children and young people with Asthma. Consequently, it is vital that pupils with asthma are encouraged to participate fully in all physical education lessons. Staff should remind pupils whose asthma is triggered by exercise, to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after exercise; where this is the case, this should be identified by the parent/carer on the asthma care plan.

The school ensures the whole environment which includes physical, social, sporting, and educational activities is inclusive and favourable to children with asthma.

Staff Training/Awareness

We ensure all school staff are aware of the potential triggers and ways to minimise these signs and symptoms of a pupil's asthma and what to do in the event of an attack.

The school ensures that all staff who come into contact with pupils with asthma know what to do in an event of an attack. This includes awareness sessions for all staff delivered at least once a year. All staff understand that pupils with asthma should not be forced to take part in an activity if they feel unwell.

The Curriculum

The school are aware there may be additional medication, equipment, or factors to consider in planning residential visits.

Administration

School has clear guidance on the administration of medicine in school – please see the Supporting pupils with medical conditions policy.

The Department of Health guidance on the use of emergency salbutamol inhalers in school (DH, 2015) recommends school keep an emergency salbutamol inhaler – The inhaler should only be used for children who have a diagnosis of asthma and are prescribed a reliever inhaler. In this instance there should be a separate parental consent form signed. This inhaler can only be used if the pupil's own inhaler is not available to them. To avoid possible risk of cross infection the plastic spacer is NOT to be reused. School to return the inhalers to the community pharmacy for safe disposal. School to obtain a new spacer as per guidance on obtaining an inhaler and spacer.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Emergency Response

If a pupil needs to be taken to Hospital a member of staff will always accompany them until a parent/carer arrives.

Children's asthma medical packs should include:

Reliever inhaler and spacer.
Individual Asthma Action plan.
Emergency parental consent form (Annex A).

The school's emergency medical pack is located in the school office.

Staff Responsibilities

The designated asthma staff member is responsible for:

- Supporting staff in an emergency
- Ensuring that expiry dates of inhalers are inputted onto Meditracker which will alert parents when these need replacing.
- Ensuring that used or out of date inhalers, which are school owned, are returned to the local pharmacy for disposal. Children's individual inhalers will be returned to their parents/carers for safe disposal at the pharmacy.
- Ensuring that the asthma register is accurate and up to date

All staff responsibilities:

- The school emergency inhaler logbook should be completed if emergency inhaler has been used.
- Staff must inform designated asthma staff member if a school owned emergency inhaler has been used so that a new spacer can be ordered/replaced.
- If pupils require their inhaler, then staff need to record the amount of usage and inform parents via Meditracker.
- All staff should be aware of which children have asthma, be familiar with the content of their individual action plan and have read the schools Asthma specific guidance.
- All staff must ensure children have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure children have their medicines with them when they go on a school trip or out of the classroom
- Be aware of children with asthma who may need extra support
- Liaise with parents, the child's healthcare professionals, SENCO and others, as appropriate, if a child is falling behind with their work because of their condition
- Ensure all children with asthma are not excluded from activities they wish to take part in
- Parents to be informed if child/young person has used their inhaler due to asthma symptoms

Safe storage

- Emergency medicines are readily available to children who require them at all times during the school day
- Children whose health care professionals /parents advise the school that their child is not yet able or old enough to self-manage their condition, know exactly where to access their emergency medicines

References

1. Asthma UK
<https://www.asthma.org.uk/about?gclid=CJqmpbWsrM0CFYdAGwod4KQEnQ&gclid=CJqmpbWsrM0CFYdAGwod4KQEnQ>
2. Department of Health (2015), Guidance on the use of emergency salbutamol inhalers in schools
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf