



The Ecclesbourne School

“Learning together for the future”

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

February 2022

This policy should be read in conjunction with:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid within school
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Statement of intent

The Ecclesbourne School wishes to ensure that students with medical conditions receive appropriate care and support at school. 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: [Supporting pupils at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

At The Ecclesbourne School, The Governing Body will ensure that arrangements are in place in school to support students with medical conditions. We will establish relationships with relevant local health services and our aim is that parents and carers will feel confident that we will provide effective support for children with medical conditions and the students themselves will feel safe.

Review Date: **February 2023**

Reviewer: Deputy Head Teacher [Lower School]/Senior First Aid Officer/**School Based Nurse**

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 pupil's condition, 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. Key roles and responsibilities

1.1. The Governing Body is responsible for:

- 1.1.1. Promoting cooperation between relevant partners and stakeholders regarding supporting students with medical conditions.
- 1.1.2. Providing support, advice and guidance to schools and their staff.
- 1.1.3. Making alternative arrangements for the education of students who need to be out of school for fifteen days or more due to a medical condition.
- 1.1.4. The overall implementation of the Supporting Students with Medical Conditions Policy and procedures of The Ecclesbourne School.
- 1.1.5. Ensuring that the Supporting Students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 1.1.6. Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.1.7. Ensuring that all students with medical conditions are able to participate fully in all aspects of school life.
- 1.1.8. Ensuring that relevant training provided is delivered to staff members who take on responsibility to support children with medical conditions.
- 1.1.9. Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- 1.1.10. Keeping written records of any and all medicines administered to [individual students](#) and [across the school population](#).
- 1.1.11. Ensuring the level of insurance in place reflects the level of risk.

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1.2. The Head Teacher is responsible for:

- 1.2.1. The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of The Ecclesbourne School.
- 1.2.2. Ensuring the policy is developed effectively with partner agencies.
- 1.2.3. Making staff aware of this policy.
- 1.2.4. Liaising with healthcare professionals regarding the training required for staff.
- 1.2.5. Making staff who need to know aware of a child's medical condition.
- 1.2.6. Developing Individual Healthcare Plans (IHCPs).
- 1.2.7. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- 1.2.8. If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- 1.2.9. Ensuring the correct level of insurance is in place for staff who support students in line with this policy.
- 1.2.10. Contacting the school nursing service in the case of any child who has a medical condition.

1.3. Staff members are responsible for:

- 1.3.1. Taking appropriate steps to support children with medical conditions.
- 1.3.2. Where necessary, making reasonable adjustments to include students with medical conditions into lessons.
- 1.3.3. Administering medication, if they have agreed to undertake that responsibility.
- 1.3.4. Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- 1.3.5. Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.

1.4. NHS School nurses are responsible for:

- 1.4.1. Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- 1.4.2. Liaising locally with lead clinicians on appropriate support.

1.5. Parents and carers are responsible for:

- 1.5.1. Keeping the school informed about any changes to their child/children's health.
- 1.5.2. Completing a [parental agreement for school to administer medicine \(appendix 3\)](#) form before bringing medication into school.
- 1.5.3. Providing the school with the medication their child requires and keeping it up to date.
- 1.5.4. Collecting any leftover medicine at the end of the course or year.
- 1.5.5. Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- 1.5.6. Where necessary, developing an [Individual Healthcare Plan \(appendix 1 &2\)](#) (IHCP) for their child in collaboration with the relevant members of staff and healthcare professionals.

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2. Definitions

- 2.1. "Medication" is defined as any prescribed or over the counter medicine.
- 2.2. "Prescription medication" is defined as any drug or device prescribed by a doctor.
- 2.3. A "staff member" is defined as any member of staff employed at The Ecclesbourne School, including teachers.

3. Training of staff

- 3.1. Teachers and support staff will receive regular and ongoing training as part of their development. (Appendix 5)
- 3.2. Teachers and support staff who undertake responsibilities under this policy will receive relevant training from external practitioners e.g. Diabetic Specialists, as necessary.
- 3.3. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering
- 3.4. No staff member may administer drugs by injection unless they have received training in this responsibility
- 3.5. The member of staff with responsibility for IHCPs will ensure a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

4. The role of the child

- 4.1. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- 4.2. Where appropriate, students will be allowed to carry their own medicines and devices e.g. insulin pen, blood sugar monitor, inhalers. Where this is not possible, their medicines will be located in Student reception
- 4.3. If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- 4.4. Where appropriate, students will be encouraged to take their own medication under the supervision of a member of staff.

5. Individual Healthcare Plans (IHCPs) (Appendix 1 & 2)

- 5.1. Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents/carers, relevant members of staff, including Special Educational Needs Coordinator (SENCO), where necessary, and medical professionals.
- 5.2. IHCPs will be easily accessible whilst preserving confidentiality.
- 5.3. IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- 5.4. Where a student has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- 5.5. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

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6. Medicines

- 6.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.
- 6.2. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a [parental agreement for a school to administer medicine](#) form.(Appendix 3)
- 6.3. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- 6.4. Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.
- 6.5. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 6.6. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- 6.7. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. They must be stored in a locked box within a locked cabinet and administered by two members of staff. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- 6.8. Medications will be stored in a safe, secure area at temperatures required.
- 6.9. It is the parent/carer's responsibility to collect any medications left over at the end of the course. If not collected within one month, medication will be taken to the nearest pharmacy for safe disposal.
- 6.10. Written records will be kept of any medication administered to students and medicines prescribed to individual students. (Appendix 4)
- 6.11. Students will never be prevented from accessing their medication.
- 6.12. The Ecclesbourne School cannot be held responsible for side effects that occur when medication is taken correctly.

7. Emergencies

- 7.1. Medical emergencies will be dealt with as per Appendix 6.
- 7.2. Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
 - What constitutes an emergency.
 - What to do in an emergency.
- 7.3. Students will be informed in general terms of what to do in an emergency such as telling a member of staff.
- 7.4. If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

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8. Avoiding unacceptable practice

8.1. The Ecclesbourne School understands that the following behaviour is unacceptable:

- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student and/or their parents.
- Ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school
- Sending the student to the medical room or school office alone if they become ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

9. Insurance

- 9.1. Staff who undertake responsibilities within this policy are covered by the school's insurance.
- 9.2. Details of the insurance arrangements the school has in place, which cover staff providing support to students with medical conditions, can be obtained from the Bursar's Office.
- 9.3. Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the Bursar.

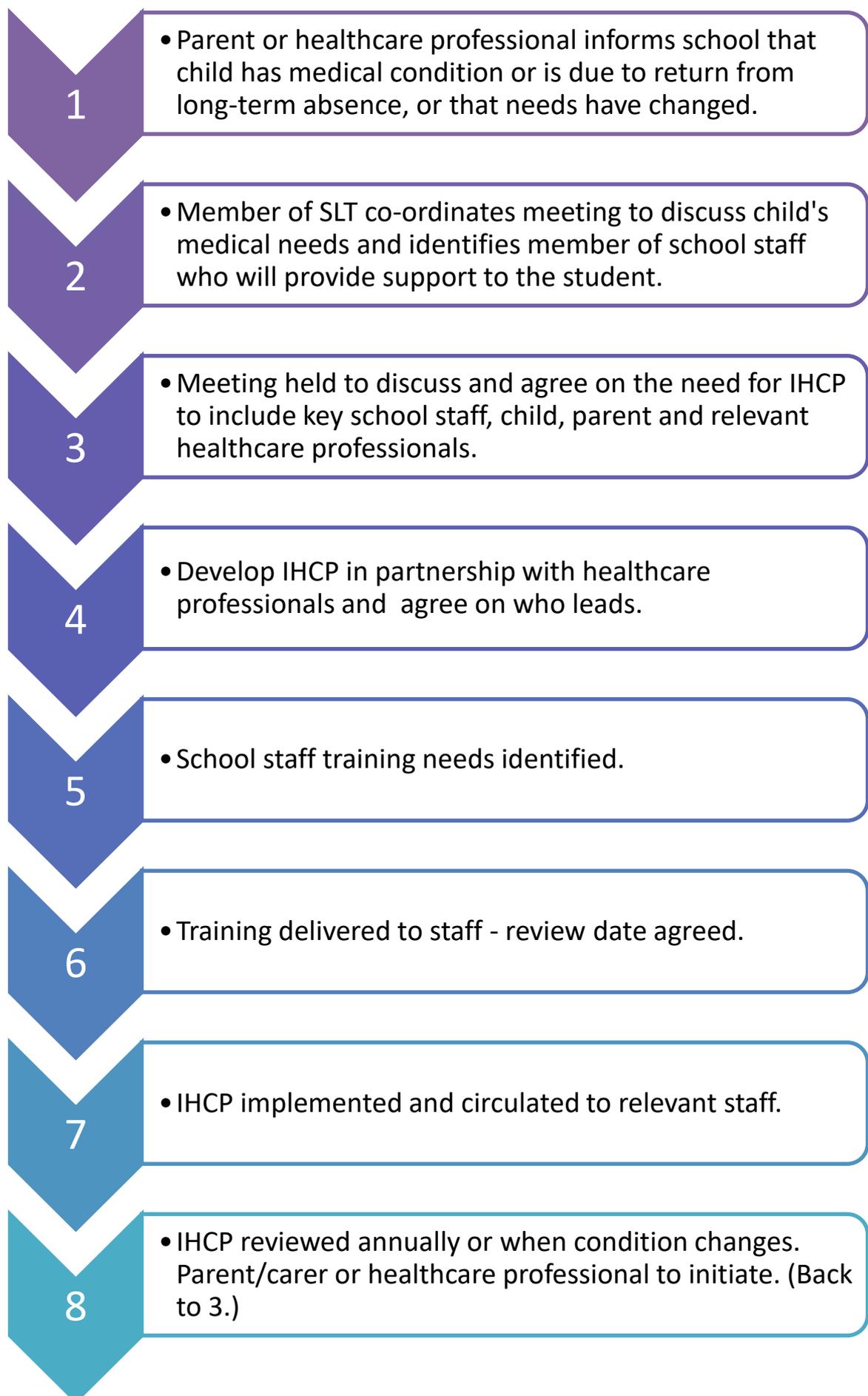
10. Complaints

- 10.1. The details of how to make a complaint can be found in the General Complaints Policy.

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Appendix 1 - Individual healthcare plan implementation procedure



Appendix 2 - Individual healthcare plan template

The Ecclesbourne School Individual Health Care Plan

Child's name

Tutor 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 student'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

Appendix 3 - Parental agreement for a school to administer medicine template. The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

THE ECCLESBOURNE SCHOOL

FORM FA01

PARENTAL CONSENT FOR ADMINISTRATION OF MEDICINES IN SCHOOL

To be completed by the parent/carer of any student requesting drugs be administered under the supervision of school staff or where the student is bringing medicine into school which they will self-administer.

If you need help to complete this form, please contact the school.

Please complete in BLOCK LETTERS.

Name of Student Form Date of Birth.....
 Address Dr's Name..... Dr's Contact No.....
 Address

Name of Medication	Condition for which Medication is required [e.g. migraine / ear infection / asthma / diabetes]	When to Administer [e.g. lunchtime / after food / before exercise / onset of migraine]	Dosage Required [e.g. One 5mg tablet / 1 drop]	Route [e.g. by mouth / in each ear]	Special Instructions [e.g. store in fridge / call home / only to be taken for 1 week or until *insert date*]	Prescribed [Yes or No]

Student's Name

- * can administer his / her own medication.
- * requires supervision to administer his / her own medicine.
- * requires assistance in administering his / her medicine

I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I can be contacted at the following address / telephone during school hours:

Name
 Contact Address

Signed
 Date

Contact Telephone No * delete that which does not apply. THIS FORM SHOULD BE DISCARDED/DESTROYED WHEN THE MEDICATION IS COMPLETED OR CHANGED

Appendix 4 - Record of medicine administered to an individual child template

MEDICATION ADMINISTRATION RECORD [MAR SHEET]		
Student: _____		
DOB: ___/___/___		
Date	Time	Medication

Appendix 5 - Staff training record – administration of medicines

Name of school/setting:

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by _____.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 6 - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- Your telephone number – **01332 840645**
- Your name.
- Your location as follows: **The Ecclesbourne School, Wirksworth Road, Duffield, Belper, Derbyshire, DE56 4GS**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.
- Inform a member of SLT, Site team and Main/student reception
- A member of staff from student reception should inform the parents at the earliest possibility

Put a completed copy of this form by the phone.

Appendix 7 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

APPENDIX 8 – ASTHMA POLICY

The Ecclesbourne School

“Learning together for the future”

SCHOOL ASTHMA POLICY

Background

This policy has been written with advice from the Department for Education, Asthma UK and the Governing Body.

This school recognises that asthma is a widespread, serious but controllable condition affecting many students at the school. The school positively welcomes all students with asthma. This 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, their employers (the Governing Body) and students. Supply teachers and new staff are also made aware of the policy. Named staff are provided with training on asthma from the **NHS** school nurse who is qualified to train others in asthma management.

Training is updated once a year.

Asthma medicines

- Immediate access to reliever medicines is essential. Students with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse agrees they are mature enough. Any spare inhalers and Emergency reliever inhalers, for use by students on the asthma register, are kept in **student reception**.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. All inhalers must be labelled with the child's name by the parent/carer.
- School staff are not required to administer asthma medicines to students (except in an emergency), however many of the staff at this school volunteer to do so. School staff who agree to administer medicines are insured by the Governing Body when acting in agreement with this policy. All school staff will let students take their own medicines when they need to.
- School carries a supply of emergency Salbutamol inhalers for use by students on the asthma register in situations when their own inhaler is unavailable. **Parents will submit a completed parental consent form**.

Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.
- All parents/carers of children with asthma are consequently sent an Individual Health Care Plan to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return this to the school. From this information the school keeps its asthma register, which is available to all

school staff. IHCPs are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the IHCP for a new one if their child's medicines, or how much they take, changes during the year.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all students. All teachers will be informed which children in their class have asthma and all PE teachers at the school will be aware of which students have asthma from the school's asthma register.
- Students with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve students with asthma as much as possible in after school clubs.
- PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for students with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All relevant staff are provided with training from the school nurse, who has had asthma training.

School environment

- The school does all that it can to ensure the school environment is favourable to students with asthma. From time to time, the School may have to make provision for a guide dog to assist a visually impaired student. This being so, parents will be informed in writing and provided with an opportunity to inform the school if their child is allergic to dogs so that appropriate measures may be taken to mitigate the impact. The School has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for students with asthma. Students with asthma are encouraged to leave the room and go and sit in the medical room if particular fumes trigger their asthma.

When a student is falling behind in lessons

- If a student is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the Head of Year will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the Head of Year or Mrs Monk or Mrs Tanser will then talk to the school nurse and special education needs coordinator about the student's needs.
- The school recognises that it is possible for students with asthma to have special education needs due to their asthma.

Asthma attacks

- In the event of an asthma attack trained staff are called to deal with the emergency in line with recognised protocol as outlined by Asthma UK and according to their individual student Asthma card and or plan.

- When students are taking part in school trips [possibly residential] staff accompanying the trip are trained so that they could cope with a potential emergency.