

HEALTH CONDITIONS IN SCHOOLS ALLIANCE
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MEDICAL CONDITIONS POLICY

**Calstock Community Primary School
and
Stoke Climsland School Federation**

Approved by Governors in April 2021

Next review: Autumn 2024

POLICY STATEMENT

The schools are an inclusive community that welcomes and supports pupils with medical conditions.

The schools provide all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

The schools make sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

The schools understand that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

The schools understand the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at the schools. Staff receive training on the impact medical conditions can have on pupils.

The named members of school staff responsible for this medical conditions policy and its implementation are:

[Amy Hicks, Lara McIntosh \(Stoke Climsland\) and Tina Eagles \(Calstock\)](#)

Policy framework

The policy framework describes the essential criteria for how the school can meet the needs of children and young people with long-term medical conditions.

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- The schools are an inclusive community that supports and welcomes pupils with medical conditions.
- The schools are welcoming and supportive of pupils with medical conditions. They provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place at either school because arrangements for their medical condition have not been made.
- The schools will listen to the views of pupils and parents. Pupils and parents feel confident in the care they receive from school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- The schools understand that all children with the same medical condition will not have the same needs.
- The schools recognise that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

2 The school's medical conditions policy is drawn up taking into account input from a wide range of local key stakeholders within both the school and health settings, pupils, parents, school nurse school staff, governors and local health services and support organisations.

3 Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

4 All children with a serious medical condition should have an individual healthcare plan (IHP).

- An IHP details exactly what care a child needs in school, when they need it and who is going to give it.
- It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.
- This should be drawn up with input from the child (if appropriate), their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

5 All staff understand and are trained in what to do in an emergency for children with medical conditions at school. All school staff, including temporary or supply staff, are aware of the medical conditions at school and understand their duty of care to pupils in an emergency.

- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- A child's IHP should explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- The schools will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents at school understand that they should let the school know immediately if their child's needs change.

6 All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. If they take a pupil to hospital in their own car, for example for a minor injury when a parent is unavailable, they will take another adult escort.

7 The schools have clear guidance on providing care and support and administering medication at school.

- The schools understand the importance of medication being taken and care received as detailed in the pupil's IHP.
- The schools will make sure that there is more than one member of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. School will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- The schools will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.
- The schools will not give a pupil under 16 aspirin unless prescribed by a doctor.
- When administering medication, for example pain relief, school will check the maximum dosage and when the previous dose was given. Parents will be informed.
- If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

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The schools have clear guidance on the storage of medication and equipment at school.

- Both schools makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it.
- Pupils can carry controlled drugs if they are competent, otherwise the school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at the schools can administer a controlled drug to a pupil once they have had specialist training.
- The schools will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.
- The schools will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- The schools disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures

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The schools have clear guidance about record keeping.

- Parents at the schools are asked if their child has any medical conditions on the enrolment form.
- The schools use an IHP to record the support that an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- The schools has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- The schools make sure that the pupil's confidentiality is protected.
- The schools seek permission from parents before sharing any medical information with any other party except where sharing is needed to safeguard the child.
- The schools meet with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- The schools keep an accurate record of all medication administered, including the dose, time, date and supervising staff.
- The schools make sure that all staff providing support to a pupils and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and the schools keeps an up-to- date record of all training undertaken and by whom.

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The schools ensure that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- The schools are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. The schools are also committed to an accessible physical environment for out-of-school activities
- The schools make sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's behaviour management policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- The schools understand the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- The schools understand that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- The schools make sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- The schools make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. The schools will not penalise pupils for their attendance if their absences relate to their medical condition.

- The schools will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENDCO who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- Pupils at the schools learn what to do in an emergency.
- The schools make sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.
- It is the responsibility of the session or group leader to consult with parents/guardians of pupils with medical conditions, to ensure adequate provision is made to meet the needs of the pupil and ensure access to an activity.

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The schools are aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The schools are actively working towards reducing or eliminating these health and safety risks.

- The schools are committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- The schools review all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

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Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the schools will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

- The schools work in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all

school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

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Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- The schools work in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- The schools are committed to keeping in touch with a child when they are unable to attend school because of their condition.

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On an ongoing basis the schools seek feedback from key stakeholders. This medical conditions policy is reviewed at least annually, evaluated and updated.

*The term 'parent' implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority.

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