



**CARLTON**  
ACADEMY TRUST

**Carlton Academy Trust  
Supporting Students With  
Medical Conditions  
Policy**

**Approved on behalf of the Trustees:**

**Date:**

**Next Review Date:**

**G Logan**

**September 2021**

**September 2022**



## **Policy Aims**

This policy outlines how students with medical conditions will be supported within school to enable them to access the same education provision as other students, including visits, trips and sporting activities

## **Legislation**

This policy meets the requirements under section 100 of the Children and Families Act 2014, and Department for Education's statutory guidance 'Supporting Pupils at School with Medical Conditions'.

## **Roles and Responsibilities**

### **Heads of School will:**

- Ensure staff are aware and where relevant suitably trained to respond to children with medical needs.
- Have overall responsibility for the development and oversight of Individual Healthcare Plans (IHP's).
- Contact relevant services when a student may require professional support or assistance.
- Ensure that systems are in place for obtaining information about students' medical needs and that this information is kept up to date

Responsibilities may be delegated to another member of staff where deemed appropriate by the Head of School.

### **Staff**

All staff must engage with information and training regarding students with medical needs, thereby enabling them to respond in an appropriate way should this be required.

### **Parents/Carers must:**

- Provide 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.
- Carry out any action they have agreed to as part of the implementation of the IHP, such as providing medicines and equipment.



## **Individual Healthcare Plans**

Not all students with a medical condition need an IHP. Where required, the school, student, parents/carers and outside agencies will contribute to its' development. On occasion, they may be linked or become part of an Education Health Care Plan (EHCP).

Plans will consider:

- The medical condition, its' signs, symptoms and treatments
- Medical needs to manage the condition including medication dose, side-effects and storage.
- Other aspects relating to the treatment of the condition including facilities, equipment, testing, access to food and drink, dietary requirements, and environmental issues such as negotiating crowded corridors and travel time between lessons
- Support for the student's educational, social and emotional needs, including management of absence, extra time to complete exams, use of rest periods, counselling sessions.
- The level of support needed, including emergency situations.
- Who will provide support, their training needs, and confirmation of their proficiency to provide support from a healthcare professional. This will also include cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the child's condition.
- Written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Separate arrangements/procedures such as risk assessments required for school trips or other school activities outside of the normal school hours that ensure the child can participate.
- The needs and opinions of the child.
- Data protection and confidentiality issues.
- What to do in emergencies, including who to contact, and contingency arrangements.

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

## **Managing Medicines**

Prescription and non-prescription medicines will only be administered at school when consent has been obtained from parents/carers, and it would be detrimental to the students' health and attendance in their absence. The only exception to this in the rare cases where the medicine has been prescribed to the student without the knowledge of the parents/carers.

The school will only accept prescribed medicines that are in-date, clearly labelled and provided in the original container from the pharmacist showing 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 must be in date.

Staff administering medicines must check appropriate/maximum dosages and whether an appropriate period has elapsed since the last dose was taken. Parents will be informed when any medicine is administered.

Students under 16 will not be given medicine containing aspirin unless prescribed by a Doctor.



## **Storage**

All medicines will be safely stored, but in a suitably convenient place so they can be accessed quickly. Students will also be informed of their location for this reason. Medical devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will also be stored in readily accessible locations. Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

## **Controlled Drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs regulations (2001), and subsequent amendments. A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. Controlled drugs should be kept in a secure yet easily accessible location so that they can be quickly accessed in an emergency. Names on medicines should be clearly marked to prevent mistakes, and full records kept when doses are administered.

## **Students Managing Their Own Needs**

Students who are competent and confident will be encouraged to take responsibility for managing their own medical needs. This will be discussed with parents/carers and outlined in IHPs.

## **Unacceptable Practice**

Staff should avoid:

- Preventing students from accessing and administering their medication in accordance with the IHP.
- Assuming that every student with the same condition requires the same treatment
- Overlooking the views of the student or their parents/carers
- Ignoring medical evidence or opinion (although this may be challenged)
- Frequently sending students home for reasons associated with their medical condition, or prevent them from participating in normal school activities unless specified in their IHPs.
- Sending a child unaccompanied to the school office, medical room, etc. when they become ill.
- Penalising students' attendance records if their absence is related to their condition, such as for hospital appointments
- Preventing students from appropriately managing their medical condition through stopping them drinking, eating, going to the toilet, taking a break, etc.
- Making parents/carers attend school to administer medication or provide medical support to their child, including toileting issues.
- Administer or ask students to administer medicine in inappropriate places such as school toilets.



### **Emergency Procedures**

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 in such circumstances. If a child needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or alternatively accompany the student to hospital by ambulance if they do not arrive in time.

### **Training**

Staff will receive suitable training so that they are competent and confident in their ability to support students' medical needs and thereby fulfil the requirements of IHP's. Training needs will be identified during the development or review of IHPs, with healthcare professionals advising as to the training required, and advising as to the competency levels of staff.

### **Record Keeping**

Schools will keep full written records of all medicine administered to students.

