Gillotts School

**Policy on supporting students with medical conditions**

Preamble

On 1 September 2014, a new duty came into force for governing bodies to make arrangements to support students with medical conditions. The aim is to ensure that all students 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. This is consistent with our Equal opportunities policy.

Procedure to be followed when notification is received that a student has a medical condition

For students starting at Gillotts, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or students moving to Gillotts mid-term, every effort will be made to ensure that arrangements are put in place within two weeks. Similar procedures will be followed if a student is being reintegrated after an absence or when the student’s needs change.

Individual healthcare plans

Individual healthcare plans are used to ensure that the School effectively supports students with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are helpful where medical conditions are long-term and complex.

A flow chart for identifying and agreeing the support a student needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the student. Plans are drawn up in partnership between the School, parents, and a relevant healthcare professional, eg school nurse, who can best advise on the particular needs of the student. Students are also involved whenever appropriate. The aim is to capture the steps which the school will take to help the student manage their condition and overcome any potential barriers to getting the most from their education. Plans are reviewed at least annually (initiated by the Facilities Manager) or earlier if evidence is presented that the student’s needs have changed. They are developed with the student’s best interests in mind and ensure that the school assesses and manages risks to the student’s education, health and social well-being and minimises disruption. Where the student has a special educational need identified in a statement or EHC plan, the individual healthcare plan is linked to or becomes part of that statement or EHC plan.

In producing an individual healthcare plan, the following will be considered:

* 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 eg 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 from a healthcare professional; and cover arrangements for when they are unavailable;
* who in the school needs to be aware of the student’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 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, eg risk assessments;
* where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student’s condition; and
* what to do in an emergency, including whom to contact, and contingency arrangements.

Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Responsibility for the development of individual healthcare plans rests with the Facilities Manager (- the lead coordinator for First Aid), in liaison with the School Nurse, the Family Support Key Worker, and relevant Head of House.

Information on medical conditions and individual healthcare plans is recorded on SIMS as follows:

**Student Details**

**Quick note**: Name of medical condition, IHP *(if there is one)*

**7 Medical**

**Medical notes** - IHP if there is one uploaded here

**Medical conditions** - named

All students with medical needs are listed in the ‘Awareness of students with severe medical conditions’ booklet, a copy of which is held in each team room. It is updated at least annually or when there are important changes to students’ medical needs.

Staff training and support

Any member of school staff providing support to a student with medical needs should have received suitable training.

Staff will be supported in carrying out their role to support students with medical conditions. Training needs will be identified annually, in the light of the individual healthcare plans in place, and any necessary training will be commissioned by the Facilities Manager, in coordination with the CPD Leader.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting students with medical conditions. The school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The support of students with medical conditions is included in staff induction. All staff are provided with an annual update on the policy and on their role in its implementation.

The student’s role in managing their own medical needs

After discussion with parents, students who are competent are encouraged to take responsibility for managing their own medicines and procedures. This is reflected within individual healthcare plans. Wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

Managing medicines on school premises

The School will conform to the following guidelines:

* Medicines should only be administered at school when it would be detrimental to a student’s health or school attendance not to do so
* No student under 16 should be given prescription or non-prescription medicines without their parent’s written consent - except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort should be made to encourage the student or young person to involve their parents while respecting their right to confidentiality.
* A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
* Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
* Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
* All medicines should be stored safely. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to students and not locked away. This is particularly important to consider when outside of school premises eg on school trips
* A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another student for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school
* School staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber’s instructions. Schools should keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
* When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
* A defibrillator is located on the wall of the Gym, by the PE office. The number to access the unit is written underneath the container. The instructions are inside for any adult to use in an emergency
* There are emergency asthma inhalers kept in the First Aid room near Student Services. They may be used for diagnosed asthmatics (- check SIMS medical records), whose inhaler may have run out or jammed, under the guidance of the School nurse or staff first aider.

Record keeping

A written record will be kept of all medicines administered to students.

Emergency procedures

Where a student has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school will know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance.

Day trips, residential visits and sporting activities

Students with medical conditions will be actively supported to participate in school trips or visits, or sporting activities. Teachers will be aware of how a student’s medical condition will impact on their participation, but there should be enough flexibility for all students to participate according to their own abilities and with any reasonable adjustments. The School will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The School will also consider what reasonable adjustments it might make to enable students with medical needs to participate fully and safely on visits. Best practice is to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the relevant healthcare professional to ensure that students can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

Short term restricted mobility

If a medical practitioner agrees to a student’s attendance at school when the student is relatively immobile, the case must be assessed on an individual basis. The Head of House will lead the planning, taking into account recommendations from the medical practitioner and the views of the parents and student. A written record of the plan must be kept. Adjustments that may be considered, where possible, include:

* Relocating first floor lessons to the ground floor
* Allowing the student to leave lessons five minutes early, accompanied by another student
* Providing a designated area for seated rest at break and lunchtime

If there is an evacuation risk due to restricted mobility, with the support of the Facilities Manager, the Head of House will put in place a short term Personal Emergency Evacuation Plan (PEEP), that is signed by all parties.

Unacceptable practice

It is not generally acceptable practice 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; or ignore medical evidence or opinion, (although this may be challenged);
* send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
* if the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable (- anyone other than an adult member of staff);
* penalise students for their attendance record if their absences are related to their medical condition eg hospital appointments;
* prevent students 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 student, including with toileting issues. No parent should have to give up working because the school is failing to support their student’s medical needs; or
* prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, eg by requiring parents to accompany the student.

Liability and indemnity

The Governing Body will ensure the appropriate level of insurance is in place that appropriately reflects the level of risk.

Complaints

Complaints will be managed by following the School’s Complaints Procedure.

Implementation

Implementation of this policy is the responsibly of Fiona Damp/Julie Shorter, Facilities Manager. She has responsibility for ensuring that sufficient staff are suitably trained and making sure all relevant staff are made aware of a student’s condition. If Ms Damp/Mrs Shorter is absent, cover is provided by Glynis Smith, Business Manager. Briefing of supply teachers is the responsibility of the Cover Officer, Faith Lusted, supported by Ms Damp/Mrs Shorter. Risk assessments for school trips and visits are overseen by Mrs Smith. Individual healthcare plans are monitored by the Facilities Manager, the Family Support Key Worker, and relevant Head of House

Adopted: 8 July 2014

Reviewed: 4 July 2017

Next review: July 2020

**Annex A: Model process for developing individual healthcare plans**



**Appendix A: Medicine request form**

**Parental agreement for Gillotts to administer medicine**

Gillotts will not give your child medicine unless you complete and sign this form.

Name of child

Date of birth

Tutor group

Medical condition or illness

**Medicine**

Name/type of medicine *(as described on the container)*

Date dispensed

Expiry date

Dosage and method

Timing

Special precautions

Are there any side effects that we need to know about?

Self administration Yes/No *(delete as appropriate)*

Procedures to take in an emergency

**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to *[agreed member of staff]*

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Signature(s)

Date

**Gillotts School - Request for child to carry his/her own medicine**

This form must be completed by parents/guardian

**If staff have any concerns discuss this request with healthcare professionals**

Child’s name

Tutor group

Home address

Name of medicine

Procedures to be taken in an emergency

**Contact Information**

Name

Daytime phone no.

Relationship to child

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed

Date

If more than one medicine is to be given a separate form should be completed for each one.

**Appendix B: Template for Individual Healthcare Plan**

# Gillotts Master Logo BLK RGB.png Individual healthcare plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school/setting | Gillotts School | | | |
| Child’s name |  | | | |
| Group/class/form |  | | | |
| Date of birth |  |  |  |  |
| Child’s address |  | | | |
| Medical diagnosis or condition |  | | | |
| Date |  |  |  |  |
| Review date |  |  |  |  |
| **Family Contact Information** |  | | | |
| Name |  | | | |
| Phone no. (work/home) |  | | | |
| Relationship to child |  | | | |
| (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

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| --- |
|  |

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Daily care requirements

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Specific support for the pupil’s educational, social and emotional needs

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Arrangements for school visits/trips etc

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Other information

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Describe what constitutes an emergency, and the action to take if this occurs

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Who is responsible in an emergency *(state if different for off-site activities)*

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Plan developed with

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Staff training needed/undertaken – who, what, when

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Form copied to

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| --- |
|  |

**Appendix C: Model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

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 pupils 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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, 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 on 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 involve [the following people]. 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 another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely