



MULTI-ACADEMY TRUST

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS

Responsible for Policy	CEO/Executive Principal
Date Last Reviewed	October 2018
Approved by Trust Board	15.11.18
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1. INTRODUCTION

- 1.1 LEAP Multi-Academy Trust is fully committed to ensuring that all children and young people accessing education are supported in whatever way necessary in order to enable them to succeed and maximise their potential. This policy has been formulated to enable the Trust's Academies to make provision for children and young people with medical needs and ensure that their needs are met.
- 1.2 LEAP Multi-Academy Trust values the abilities and achievements of all its students, and is committed to providing for each student the best possible environment for learning. The Trust actively seeks to remove the barriers to learning and participation that can hinder or exclude individual students, or groups of students. This means that equality of opportunity must be reality for our children and young people. We make this a reality through the attention we pay to the different groups of children and young people within the Trust's Academies.
- 1.3 The Children and Families Act 2014 states that arrangements for supporting students at school (known within LEAP as Academies) with medical conditions must be in place and that students with medical conditions should be properly supported whilst at school so that they have full access to education, including school trips and physical education.
- 1.4 Many children and young people, at some point during their time in education, will have a medical condition which may affect their potential to learn and their participation in Academy activities. For most, this will be short term; perhaps finishing a course of medication or treatment; other children and young people may have a medical condition that, if not properly managed, could limit their access to education.
- 1.5 This policy includes managing the administration of medicines, supporting children and young people with complex health needs and first aid. The Trust is committed to ensuring that it makes every effort to ensure the wellbeing of all children and young people, staff and adults on site.

2. AIMS AND OBJECTIVES

2.1 LEAP Multi-Academy Trust will:-

- Ensure that children and young people with medical conditions, in terms of both physical and mental health, are properly supported in all its Academies so that they can play a full and active role in Academy life, remain healthy and achieve their academic potential.
- Establish a positive relationship with parents/carers, so that the needs of the child/young person can be fully met. Parents of children and young people with medical conditions are often concerned that their child or young person's health will deteriorate when they attend or move through the Academy. This is because students with long-term and complex medical conditions may require on-going support, medicines and care while at the Academy to help them manage their condition and keep them well. Other children and young people may require interventions in particular emergency circumstances. It is also the case that children and young people's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents/carers feel confident that their child or young person's medical condition will be supported effectively by the Academy and that they will be safe.
- Work in close partnership with health care professionals, staff, parents/carers and students to meet the needs of each child or young person. In making decisions about the support they provide, it is crucial that the Trust's Academies consider advice from healthcare professionals and listens to and values the views of parents/carers and students.

- Ensure any social and emotional needs are met for children and young people with medical conditions – Children and young people may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition.
- Minimise the impact of any medical condition on a child or young person's educational achievement – In particular, long term absences due to health problems affect children and young people's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into the Academy should be properly supported so that children and young people with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed.
- Ensure that a Health Care Plan is in place for each student with a medical condition and for some children and young people who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively.

3. RESPONSIBILITIES

3.1 Supporting a child or young person with a medical condition during Academy hours is not the sole responsibility of one person. Partnership working between Academy staff, healthcare professionals, and parents and students will be critical.

3.2 The Principal is responsible for: -

- Ensuring that a policy is in place to meet the needs of children and young people with medical conditions within the Academy
- Ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation
- Ensuring that all staff who need to know are aware of the child or young person's condition
- Ensuring that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- Ensuring that the Academy is appropriately insured and that staff are aware that they are insured to support students in this way
- Ensuring that the Designated Safeguarding Lead (DSL) and relevant pastoral/welfare leaders are contacted in the case of any child or young person who has a medical condition that may require support at the Academy but who has not yet been brought to their attention
- Ensuring that staff have received suitable training and are competent before they take on responsibility to support children and young people with medical conditions.

3.3 Academy staff are responsible for:-

- Understanding that any member of Academy staff may volunteer or be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so
- Understanding the role they have in helping to meet the needs of a child or young person with a medical condition
- Working towards/complete targets and actions identified within the Health Care Plan or the SEN Education, Health and Care Plan.

3.4 Health Care Professionals are responsible for:-

- Notifying the Academy when a child or young person has been identified as having a medical condition who will require support in school
- Taking a lead role in ensuring that students with medical conditions are properly supported in school, including supporting staff on implementing a child or young person's plan

- Working with the DSL key pastoral/welfare leaders to determine the training needs of Academy staff and agree who would be best placed to provide the training
- Confirming that Academy staff are proficient to undertake healthcare procedures and administer medicines.

4. Assisting Children & Young People with Long Term or Complex Medical Needs

4.1 A proactive approach is taken towards children and young people with medical needs. Every child or young person with a long term or complex medical need will be offered a 'Team Around the Child Meeting' co-ordinated by the DSL. This enables the Academy, parents/carers to identify potential issues/difficulties before a student returns to school. Issues identified in the past have included access to classrooms, toilet facilities, additional adult support, lunchtime procedures and emergency procedures. A Health Care Plan will be produced for any child or young person with long term/complex medical needs and will be reviewed on an annual basis or if there are any significant changes.

4.2 To assist children and young people with long term or complex medical needs, the Academy will also consider whether any/all of the following is necessary:-

- Adapting equipment, furniture or classrooms to enable the child or young person to access a particular aspect of the curriculum or area of the school. To determine the needs and response, the Academy will involve the home and hospital support service.
- Arranging for additional adult support throughout specific parts of the Academy day
- Adapting lesson plans
- Establishing a phased attendance programme
- Ensuring that there are procedures in place for the administration of medicine
- Training for Support Staff/Teachers on a specific medical condition
- Providing a programme of work for children and young people who are absent from the Academy for significant periods of time
- Providing appropriate seating during assembly
- Ensuring there is adequate supervision during break and lunch times so that the health and safety of all children and young people is not compromised
- Ensuring that arrangements are made to include a child or young person with medical needs on educational visits.

5. Individual Health Care Plans

5.1 An Individual Healthcare Plan is a document that sets out the medical needs of a child or young person, what support is needed within the Academy day and detailed actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child or young person's condition and the degree of support needed. This is important because different children and young people with the same health condition may require very different support.

5.2 Individual healthcare plans may be initiated by a member of Academy staff, the DSL, a pastoral/welfare leader, a representative from the school nursing service or another healthcare professional involved in providing care to the child or young person. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the Academy, the child or young person and their parents. Plans should be reviewed at least annually or earlier if the child or young person's needs change. They should be developed in the context of assessing and managing risks to the child or young person's education, health and social well-being and to minimise disruption. Where the child or young person has a special educational need, the individual healthcare plan should be linked to the child or young person's statement or EHC plan where they have one.

- 5.3 Parents/carers will receive a copy of the Health Care Plan with the originals kept by the Academy. A copy is linked to the child or young person's SIMS record and staff are able to access the care plans electronically.
- 5.4 Children and young people with severe health needs are included on a priority list. This is circulated to all staff, including pictures and information on symptoms and treatment for quick identification, together with details of what to do in an emergency.

6. Administering Medicines in School

- 6.1 Parents/carers should try to ensure that their child's medication is taken out of school hours wherever possible. If parents/carers prefer to administer medication themselves to their children during school time, they should discuss this with designated staff who have key responsibilities for medicines/medical care at each Academy.
- 6.2 Ordinarily, the Trust's policy does not allow for children to carry their own medicines, except where children self-medicate in an emergency, eg asthma inhalers, Epi-pens. Students should be advised to hand in any medicines to designated staff who have key responsibilities for medicines/medical care at each Academy. Students are then encouraged to take responsibility for managing their own medicines, eg, they have a slip to leave lessons to go to the medical room for their daily medication as required.
- 6.3 Where students exceptionally carry their own medicine, they should never give their medicine to other children.
- 6.4 Where a parent/carer considers their child to be capable and mature enough to self-medicate prescription or non-prescription medicine, eg commercially available pain killers, the parent/carer should send a note into the Academy. **(NB: Any student under 12 year will not knowingly be given medication containing aspirin unless it is prescribed by a doctor, as it may cause severe illness in young people).**
- 6.5 Some circumstances, eg, severe allergic reaction, may require the immediate administration of medicines, and this will be carried out by those staff who have volunteered and received the training to enable them to do so. (It must be appreciated that locating such staff on school site may result in additional waiting time for the student)
- 6.6 Ordinarily, all medicines will be stored in the medical room/refrigerator in the medical room, as appropriate. Parents/carers have responsibility to bring prescribed medicines that are in-date, labelled and in the original packaging as dispensed by the pharmacist and include instructions for administration, dosage and storage (the exception being insulin which may be in a pump/insulin pen rather than original container).
- 6.7 Parents/carers should regularly check the expiry date of medicines; the responsibility for collecting expired or unwanted medicine lies with the parent/carer. Academy staff will periodically check medicines held at the Academy – parents/carers will be contacted and they should make arrangements to collect and dispose of such medicines.
- 6.8 **In order to comply with Department of Health and DfE guidelines, parents/carers are required to give their consent to the administering of a paracetamol tablet should their child request a painkiller as a result of feeling unwell during the school day and it is deemed to be appropriate to administer such a painkiller. This would be carried out by designated staff who have key responsibilities for medicines/medical care at each Academy. A record will be kept of any such administration. This consent will be given by parents/carers completing the consent form provided by the Academy and which will be kept by Academy staff.**

- 6.9 **Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.**
- 6.10 **School Visits** – the visit leader and named first aider have a record of all the medical needs, risk assessments and will have discussed with designated staff at the Academy who have key responsibilities for medicines/medical care any medications and training needs prior to the visit.
- 6.11 A record of all medicines administered to students is kept by the Academy and also in respect of students who present at the medical room.

7. Asthma Policy

- 7.1 This section is based on Department of Health “Guidance on the use of emergency salbutamol inhalers in schools” (March 2015) - [Appendix 2 covers issues relating to (i) How to recognise an asthma attack and (ii) What to do in the event of an asthma attack].
- 7.2 From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow Schools/Academies to buy salbutamol inhalers, without a prescription, for use in emergencies.
- 7.3 **The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication.**
- 7.4 Each Academy will keep an emergency inhaler (and register) in their respective medical room.
- 7.5 Students should have their own reliever inhaler whilst in school to treat symptoms and for use in the event of an asthma attack as outlined (paragraph 9.2 refers). However, in the event of the inhaler not being available (forgotten, broken, lost) the emergency inhaler could be used if conditions are met as outlined below.

Who Can Use the Emergency Salbutamol Inhaler?

- 7.6 The emergency salbutamol inhaler should only be used by children:-
- who have been diagnosed with asthma, and prescribed a reliever inhaler
- OR
- who have been prescribed a reliever inhaler
- AND
for whom written parental consent for use of the emergency inhaler has been given.
- 7.7 A register will be kept of such students. This information will also be recorded in a student’s IHCP.

Asthma Register

- 7.8 Responsibilities are:-
- There must be a register kept of all who have been diagnosed with asthma or prescribed a reliever inhaler AND for whom written permission has been given use the emergency inhaler
 - The register should be easily available in an emergency and should be kept with the emergency inhaler
 - The register should be updated annually
 - **Recording use of the inhaler and informing parents/carers**
- 7.9 Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

- 7.10 The student's parents must be informed in writing so the information can also be passed to the GP (template letters are kept with the register and emergency inhaler)

Rotherham's Paediatric Asthma Initiative in Primary Care

- 7.11 The paediatric asthma initiative in primary care first launched during 2017/18 is aimed at ensuring that all pupils who have asthma have a school plan and devices supplied automatically by those overseeing their care.
- 7.12 The Academy plan and devices, namely an inhaler and a spacer, will be provided for parents /carers to deliver into schools. Schools also receive a letter from the pupil's surgery notifying them of the asthma diagnosis and the need to hold emergency treatment. In this way, schools now have a point of contact (if the plan and/or devices are not received in spite of efforts to engage parents/carers) and provide clarity around the need to administer rescue treatment to pupils to mitigate risk. (Paediatric Asthma Nurse Specialist can be contacted on 07771346060).

8. Emergency Procedures

- 8.1 In emergency situations, where possible, the procedure identified on a child or young person's Healthcare Plan will be followed. When this is not available, a qualified First Aider will decide on the emergency course of action. If it is deemed a child or young person needs hospital treatment as assessed by the First Aider, the procedures outlined in Form H (Appendix 1) must take place.
- 8.2 The most appropriate member of staff accompanies a child or young person to hospital with all relevant health documentation (Inc. tetanus and allergy status), the health plan and child or young person's details. A clear explanation of the incident must be given (as a statement) if witness does not attend. A senior member of staff should attend the hospital to speak to parents if deemed necessary.
- 8.3 For more information see Form 8 – Department of Health Guidance:-
- Where a student has an IHCP it will clearly state what constitutes an emergency – this information is made known to all the student's staff at the start of each academic year
 - Where it is clear that a child requires urgent medical attention, an ambulance will be called
 - The caller will try to provide details of the child's known condition and symptoms and, where possible, will give the name and date of birth of the child etc.
 - Where urgent medication is required eg, epi-pen, the Academy will endeavour to administer the medication and call for an ambulance simultaneously
 - The caller will give their name and provide details of the Academy's location to aid the Ambulance Service
 - Parents/carers will be contacted as soon as possible where emergencies arise
 - **A student taken to hospital by ambulance will be accompanied by a member of staff who will remain until the parents/carers arrive**
 - **Each Academy has a defibrillator located in the reception office for use in emergencies.**

9. Hygiene & Infection Control

- 9.1 All staff should be aware of normal precautions for avoiding infections and follow basic hygiene procedures e.g. basic hand washing. The medical room has full access to protective disposable gloves and care is taken with spillages of blood and body fluids.

10. Sporting Activities

- 10.1 Some children and young people may need to take precautionary measures before or during exercise. Staff supervising such activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

11. Educational Visits

- 11.1 We actively support students with medical conditions to participate in Academy trips and visits, or in sporting activities but are mindful of how a young person's medical condition will impact on their participation. Arrangements will always be made to ensure students with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.
- 11.2 A risk assessment will be completed at the planning stage to 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 school nurse service or other healthcare professionals that are responsible for ensuring that students can participate. A copy of the child or young person's health care plan should be taken with the child or young person on an Educational Visit.
- 11.3 The trip leader will ensure that medication such as inhalers and epi-pens are taken on all Academy trips and given to the responsible adult that works alongside the child or young person throughout the day. A First Aid kit will be taken on all Academy trips. The Trip Leader must ensure that all adults have the telephone number of the Academy in case of an emergency.
- 11.4 A HSE approved First Aider will attend all Academy trips. The First Aider provisions at the destination of the trip should be included as part of the risk assessment. The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child or young person with a specific medical condition has access to prescribed medicine whilst on the trip. First Aid trained staff administering medication to children and young people on school trips should follow the guidelines above (see also Administration of Medicines Policy).

12. Extra-Curricular Clubs/Activities

- 12.1 It is the responsibility of those running clubs and extra-curricular activities to check SIMS and update themselves on those students who attend with medical conditions. In the case of extra-curricular hosted by outside providers, the organisers will liaise with parents/carers via the formal medical consent form. The Academy must ensure that leaders of all clubs/extra-curricular events know how to obtain medical assistance, where the first aid box and medical room are located, location of the medication and how to dial for an outside line if they need to call an ambulance.
- 12.2 Each club/extra-curricular event must have access to a trained First Aider and a first aid kit. On the booking forms parents/carers must state any medical needs and allergies and provide a contact number in case of emergency.

Form H – Contacting Emergency Services

Request for an ambulance.

Dial 999, ask for an ambulance and be ready with the following information.

1. Your telephone number	
2. Give your location	
3. State what the postcode is	
4. Give exact location in the Academy	
5. Give your name	
6. Give name of child and a brief description of the child's symptoms	
7. Inform ambulance control of the best entrance and state that the crew will be met and taken to the child	
8. Stay with the child and keep the operator informed of any change in behaviour	

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

Keep a completed copy of this form by the telephone

1. HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:-

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences (some children will go very quiet)
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:-

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

2. WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is **no immediate improvement**, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- **Stay calm and reassure the child** - stay with the child until they feel better/until the child can return to school activities
- **If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way