



Medical Conditions Policy

Signed:

Chair: S. Gribbin

CEO: R. Swindells

LGC Chair: R. Dutton

Head: S. Waterhouse

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Chesterton Community Sports College

Medical Conditions Policy

The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

The school has assigned a member of the office staff as a 'medical care support specialist' who is responsible for overseeing the implementation of this policy. This additional member of staff ensures pupils receive the appropriate care and support in school to manage their medical conditions effectively and therefore get the most out of their education.

Notification

When the school is notified that a pupil has a medical condition that requires support in school, the school will arrange a meeting with parents, the pupil and, where appropriate, healthcare professionals with a view to discussing the necessity on an individual care plan.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place as quickly as possible, usually within two weeks.

Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in individual care plans. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out regularly for all staff, and included in the induction of new staff members.



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Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their care plan.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's care plan will be followed. Following such an event, parents will be informed so that alternative options can be considered.

Individual Care Plans

The school, healthcare professionals (where appropriate) and parents agree, based on evidence, whether an individual care plan will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional (where appropriate) will work in partnership to create and review individual care plans. Where appropriate, the pupil will also be involved in the process.

Individual care plans will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the individual care plan.

Individual care plans will be easily accessible to those who need to refer to them, but confidentiality will be preserved. Individual care plans will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their care plan identifies the support the child will need to reintegrate.

The school has a separate medication policy that covers administering of medication.



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Allergens

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher, through the agreed contract, will ensure that the contracted school caterers are aware of their legal duties and responsibilities to correctly identify and label all allergens.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

Where a pupil has been prescribed an adrenaline auto-injector or AAI (sometimes known as an epi-pen), this will be written into their individual care plan. The office will maintain an up to date list of all pupils who have been prescribed with such a device. Pupils can keep these devices in their possession.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAI's will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted by an emergency message to the school office. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAI's, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked regularly to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in school office, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Emergency Procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an individual care plan is in place, it should detail:

- What constitutes an emergency.



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- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

Defibrillators

The school has a [Mediana HeartOn A15](#) automated external defibrillator (AED). The AED will be stored in [the medical room](#) in an unlocked, alarmed cabinet.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.