Thornleigh
Salesian College

Supporting Children with Medical Conditions Policy

Person Responsible:	Director of Inclusion
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1. Statement of intent

The **governing body** of **Thornleigh Salesian College** has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students 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.

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

Some students with medical conditions may be considered to be 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 students with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these students, 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 students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students and their parents.

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Equality Act 2010
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- Thornleigh Salesian College's Online Learning Policy

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting students at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'

2. Roles and responsibilities

2.1. The **governing body** is responsible for:

- Ensuring that arrangements are in place to support students with medical conditions.
- Aim to ensure that students with medical conditions can access and enjoy the same opportunities as any other student at the school.

2.2. The **headteacher** holds overall responsibility for implementation of this policy.

2.3. The **headteacher** is responsible for:

- Ensuring that this policy is effectively implemented with stakeholders.

2.4. Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's HCP.
- Carrying out any agreed actions contained in the HCP.
- Ensuring that they, or another nominated adult, are contactable at all times.

2.5. Students are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their HCP, if they have one, where applicable.

- Being sensitive to the needs of students with medical conditions.

2.6. School staff are responsible for:

- Providing support to students with medical conditions, where requested, including the administering of medicines, but are not required to do so.

2.7. The **school nurse service** is responsible for:

- Notifying the school at the earliest opportunity when a student has been identified as having a medical condition which requires support in school.

2.8. Where a student is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the student is unlikely to receive a suitable education in a mainstream school.

2.9. Ofsted inspectors will consider how well the school meets the needs of the full range of students, including those with medical conditions.

2.10. Key judgements are informed by the progress and achievement of students with medical conditions, alongside students with SEND, and also by students' spiritual, moral, social and cultural (SMSC) development.

3. Admissions

3.1. No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

4. Notification procedure

4.1. The school will not wait for a formal diagnosis before providing support to students. Where a student'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 **Leadership Team** based on all available evidence (including medical evidence and consultation with parents).

4.2. For a student starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution.

4.3. Where a student joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

5.1. Any staff member providing support to a student with medical conditions will receive suitable training.

5.2. Staff will not undertake healthcare procedures or administer medication without appropriate training.

5.3. The **school nurse** will identify suitable training opportunities that ensure all medical conditions affecting students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

5.4. Training must include competency assessment and be recorded on the school's central training log . Staff will not undertake medical tasks until competency has been assessed and recorded. Training will be refreshed annually or earlier if clinical guidance changes.

6. Self-management

6.1. Following discussion with parents, students 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 HCP.

6.2. Where possible, students will be allowed to carry their own medicines and relevant devices.

6.3. Where it is not possible for students to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily.

7. Supply teachers

7.1. Supply teachers will be:

- Informed of all relevant medical conditions of students in the class they are providing cover for.
- Covered under the school's insurance arrangements.

8. HCPs

8.1. The school, healthcare professionals and parents agree, based on evidence, whether an HCP will be required for a student, or whether it would be inappropriate or disproportionate to their level of need.

8.2. The school, parents and a relevant healthcare professional will work in partnership to create and review HCPs. Where appropriate, the student will also be involved in the process.

8.3. HCPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.

- The student'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 level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Separate arrangements or procedures required during school trips and activities.
- What to do in an emergency, including contact details and contingency arrangements.

8.4. Where a student has an EHC plan, the HCP will be linked to it or become part of it.

8.5. When 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 HCP identifies the support the child will need to reintegrate.

9. Managing medicines

9.1. Medicines will only be administered at school when it would be detrimental to a student's health or school attendance not to do so.

9.2. Students under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the student without the parents' knowledge. In such cases, the school will encourage the student to involve their parents, while respecting their right to confidentiality.

9.3. Non-prescription medicines may be administered in the following situations:

- **When it would be detrimental to the student's health not to do so**
- **When instructed by a medical professional**

9.4. No student under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

9.5. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

9.6. Parents will be informed any time medication is administered that is not agreed in an HCP.

9.7. The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The

only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

9.8. All medicines will be stored safely. Students will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, students will be informed of who holds the key to the relevant storage facility.

9.9. The school will hold asthma inhalers for emergency use.

9.10. Competence to self-manage will be assessed by the school nurse or named clinician and recorded on the HCP. For pupils under 16, written parental consent is still required for school-held medicines except where clinically prescribed to the pupil without parental knowledge.

10. Adrenaline auto-injectors (AAIs)

10.1. A **Register of Adrenaline Auto-Injectors (AAIs)** will be kept of all the students who have been prescribed an AAI to use in the event of anaphylaxis.

10.2. Where a student has been prescribed an AAI, this will be written into their HCP.

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

10.4. In the event of anaphylaxis, a designated staff member will be contacted.

10.5. 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.

10.6. The school will keep a spare AAI for use in the event of an emergency, which will be checked on a **monthly** basis to ensure that it remains in date, and which will be replaced before the expiry date.

10.7. The spare AAI will be stored in **the medical room**, ensuring that it is protected from direct sunlight and extreme temperatures.

10.8. In the event that an AAI is used, the student's parents will be notified that an AAI has been administered and informed whether this was the student's or the school's device.

10.9. Where any AAIs 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

10.10. In the event of a school trip, students 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.

11. Record keeping

11.1. Proper record keeping will protect both staff and students, and provide evidence that agreed procedures have been followed.

12. Emergency procedures

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

12.2. Where an HCP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

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

12.4. If a student needs to be taken to hospital, a member of staff will remain with the student until their parents arrive.

12.5. Dial 999 for emergencies — state who calls (e.g., nearest trained adult).

Office to prepare the child's HCP/medication to send with an ambulance where appropriate.

Staff member stays with pupil until parent arrives; if parent unreachable, staff member accompanies to hospital.

Record details of the incident in the medical record and notify the LA/SEN team if appropriate.

13. Day trips, residential visits and sporting activities

13.1. Students with medical conditions will be supported to participate in school trips, sporting activities and residential visits. When needed, parents and other professionals will be invited in to discuss bespoke plans for students.

13.2. Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition to a risk assessment, advice will be sought from students, parents and relevant medical professionals.

14. Unacceptable practice

14.1. The school will not:

- Assume that students with the same condition require the same treatment.
- Prevent students from easily accessing their inhalers and medication.

15. Liability and indemnity

15.1. The **governing body** will ensure that appropriate insurance is in place to cover staff providing support to students with medical conditions.

16. Complaints

16.1. Parents or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance.

17. Home-to-school transport

17.1. Arranging home-to-school transport for students with medical conditions is the responsibility of the LA.

17.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for students with life-threatening conditions.

18. Defibrillators

18.1. The school has a defibrillator.

19. Monitoring and review

19.1. This policy is reviewed on an **annual** basis by the **governing body**, **school nurse** and **headteacher**.

19.2. The next scheduled review date for this policy is **September 2026**

20. Data Protection

Medical information will be treated as confidential. HCPs will be shared only with staff who need to know to support the child. Parents sign the HCP to consent to information being held and shared with relevant staff and external agencies as necessary. All medical records will be stored in line with the school's Data Protection policy and retained until the student leaves + 6 years, then securely destroyed.