



**St Ursula's Convent School**  
**A Humanities College and Teaching School**

**SUPPORTING STUDENTS WITH  
MEDICAL CONDITIONS**

**Policy reviewed by:**

**HEADTEACHER**

**GOVERNORS**

**SENIOR LEADERSHIP TEAM**

| <b>Reviewed</b> | <b>Agreed by<br/>Governing Body</b> | <b>Next review</b> |
|-----------------|-------------------------------------|--------------------|
| March 2017      | March 2017                          | March 2018         |

**St Ursula's Convent School** is an inclusive community that supports and welcomes children with medical conditions.

There are four key principles underpinning our policy, in line with the DfE guidance:

- Children with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education;
- Our focus is on each student as an individual, and how their medical needs and unique situation affect their access, participation and enjoyment of school life;
- Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development and implementation of healthcare plans;
- Meeting the needs of children with medical conditions can only be done to the highest standards when the child herself, the parent/carer and the relevant health and social care practitioners are fully included in supporting children with medical needs. As such, children with medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

In line with safeguarding duties, the governing body ensures that children's health is not put at risk. We do not therefore permit entry to school where it is detrimental to the health of that child or others to do so.

It is important to note that the particular nature of the school buildings and external environment at St Ursula's Convent School may mean that we cannot cater for the needs of some children.

The prime responsibility for a child's health always lies with the parent/carer who is responsible for the child's medication, and they should supply the school with information regarding the management of the child's condition so that the school can fully meet the child's needs.

As part of our commitment to the child's inclusion in supporting themselves, we also encourage self administration of medicine wherever possible under the guidance of a first aider.

This Policy will be reviewed annually.

## 1. Introduction

The Governing Body takes seriously its responsibility under section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils with medical conditions within the school.

All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care they require at school to help them manage their condition and keep them well.

The Governing Body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child.

Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

The School will build relationships with healthcare professionals and other agencies in order to effectively support students with medical conditions.

The School will ensure that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so.

### **St Ursula's Convent School aims:**

- To support pupils with medical conditions so that they have full access to education, including physical education and educational visits;
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication;
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs;
- To write, in association with healthcare professionals, *Individual Healthcare Plans* where necessary;
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support;

- To keep, monitor and review appropriate records.

## **2. Roles and Responsibilities**

The Named Persons responsible for children with medical conditions are the Designated Safeguarding Team, Lead First Aiders, Health and Safety Coordinator, SENCO (as applicable) and School Nurse.

They are responsible for:

- Informing relevant staff of medical conditions including supply staff, Beginning Teachers and any other visitors where relevant;
- Arranging training for identified staff;
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and, where appropriate, taking the lead in communicating this information;
- Assisting with risk assessment for school visits and other activities outside of the normal timetable;
- Developing, monitoring and reviewing Individual Healthcare Plans (IHPs) and/or Medical Alerts;
- Working together with parents, pupils, healthcare professionals and other agencies.

**The Governing Body is responsible for:**

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.

**The Head Teacher is responsible for:**

- Overseeing the management and provision of support for children with medical conditions;
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver *Individual Healthcare Plans*, including to cover absence and staff turnover;
- Ensuring that school staff are appropriately insured and are aware that they are Insured.

**All staff (teachers and support staff) are responsible for:**

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in IHPs;
- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable.

**Healthcare professionals and providers are responsible for:**

- Providing support for staff on implementing a child's Individual Healthcare Plan and providing advice and liaison including with regard to training.

### **3. Procedure - when notification has been received that a Pupil has a Medical Condition**

The Lead First Aider will liaise with relevant individuals, including, as appropriate, parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child.

Where appropriate, an Individual Healthcare Plan will be drawn up - Appendix A outlines the process for developing Individual Healthcare Plans.

#### **Medical conditions can be defined as either:**

**Short term:** affecting their participation at school because they are on a course of medication.

**Long term:** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

#### **Illness during the school day**

If a child is unwell at school, the school will make every effort to contact parents/carers by phone/text/email if the child needs to be sent home or taken for medical attention. Parents/carers need to supply up to date home/work telephone numbers or other contact numbers. Until the child is in the care of a parent/carer the school will take any action required in the interests of the child.

### **4. Individual Healthcare Plans (IHP)**

An IHP (Appendix B) will be written for pupils with a medical condition that is long term and complex.

- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency.
- Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their IHP.
- IHP will be reviewed annually, or earlier if evidence is provided that a child's needs have changed.

### **5. Administering Medicines**

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

Written consent from parents must be received before administering any medicine to a child at school (Appendix C).

Staff administering medicines must be First Aid Trained.

Medicines will only be accepted for administration if they are:

- Prescribed
- 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 be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- Non-prescription medicines: With parental written consent, the school will administer non-prescription medicines. This excludes aspirin or medicines containing aspirin. Medication, i.e. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents/carers should be informed by phone/text/email when medication has been dispensed.

**A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor (including IBUPROFEN).**

All medicines will be stored safely by the main office.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available and not locked away. Asthma inhalers should be marked with the child's name, expiry date and carried on them at all times. A consent form is to be obtained from the parent to administer medication.

A child who had been prescribed a controlled drug i.e. an epi-pen or insulin etc. may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence.

Parents will be asked to confirm in writing if they wish their child to carry their inhaler or epi-pen with them in school.

A child who has an inhaler for asthma will be encouraged to administer their own medication and, if necessary, under the supervision of an adult where possible.

Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record (see Appendix C) of all medicines administered to individual children, 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 and parents informed immediately by phone/text/email. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. Written records will be kept of all medicines administered to children.

When no longer required, medicines should be returned to the parent/carer to arrange safe disposal at the end of the school year and fresh supplies sent in at the beginning of the new school year.

## **6. Action in Emergencies**

A copy of this information will be displayed in all admin areas:

1. Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
2. The school's telephone number: 020 8858 4613
3. Your name
4. Your location: St Ursula's Convent School, Croom's Hill, Greenwich, SE10 8HN
5. Provide the exact location of the patient within the school
6. Provide the name of the child and a brief description of their symptoms
7. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
  - Ask office staff to contact premises to open relevant gates for entry
  - Contact the parents to inform them of the situation
  - A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance. Generally, staff should not take pupils to hospital in their own car.
8. Contact a member of SLT.

## **7. Activities Beyond the Usual Curriculum**

Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum. When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate. There may be occasions when the school cannot allow students to go on a school trip.

The party leader will carry out a thorough risk assessment prior to the trip to ensure the necessary level of medical care required for the trip. This will include first aid equipment and any prescribed medication for students attending the trip. It is good practice to have a trained first aider on the trip; it is essential on trips with students with complex medical needs but if it is a low risk trip with no medical requirements, a first aider may not be required (this decision should be made in conjunction with the Risk Assessment Coordinator).

During school trips the first aid trained member of staff will carry first aid bags.

## **8. Unacceptable Practice**

The following items are not generally acceptable practice with regard to children with medical conditions. The school will use discretion to respond to each individual case in the most appropriate manner.

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that every child with the same condition requires the same treatment.
- Ignoring the views of the child or their parents; or ignoring medical evidence or opinion
- Sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans.
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **9. Complaints**

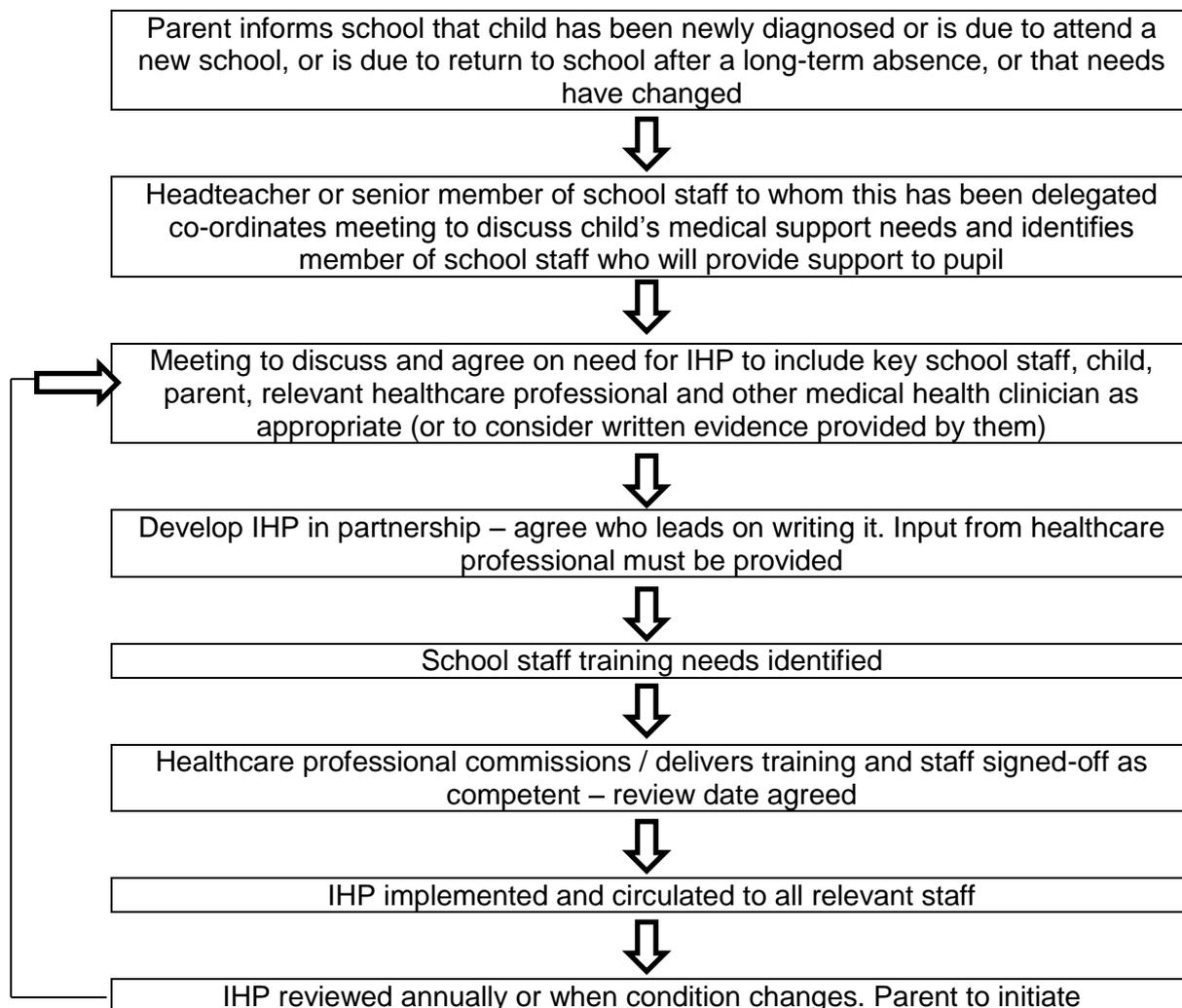
An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance by contacting the School Office to make an appointment with the Deputy Head (Complaints Officer). If the issue is not resolved, then a formal complaint may be made, following the complaints procedure.

## **10. Equality Impact Statement**

St Ursula's Convent School will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies.

On review, we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity.

## Model process for developing *Individual Healthcare Plans*



## Appendix B: Individual Healthcare Plan

|                                |                                   |
|--------------------------------|-----------------------------------|
| <b>Name of school</b>          | <b>St Ursula's Convent School</b> |
| Child's name                   |                                   |
| Group/class/form               |                                   |
| Date of birth                  |                                   |
| Child's address                |                                   |
| Medical diagnosis or condition |                                   |
| Date                           |                                   |
| Review date                    |                                   |

### Family Contact Information:

|                       |  |
|-----------------------|--|
| Name                  |  |
| Phone (Work)          |  |
| (Home)                |  |
| (Mobile)              |  |
| Name                  |  |
| Relationship to child |  |
| Phone (Work)          |  |
| (Home)                |  |
| (Mobile)              |  |

### Clinic/Hospital Contact:

|          |  |
|----------|--|
| Name     |  |
| Phone no |  |

### GP:

|          |  |
|----------|--|
| 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.

|  |
|--|
|  |
|--|

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

Daily care requirements:

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

Arrangements for school visits/trips etc:

Other information:

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

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

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to –

## Appendix C: Parental agreement to administer medicine

|                     |  |
|---------------------|--|
| <b>Student name</b> |  |
| <b>Form</b>         |  |
| <b>Date</b>         |  |

**Medicine treatment period:**

|              |  |
|--------------|--|
| <b>Date:</b> |  |
| <b>To:</b>   |  |

|  |  |
|--|--|
| <b>Name of Medicine 1</b>  |  |
| <b>Dose</b>  |  |
| <b>Frequency</b>   |  |
| <b>Please give precise instructions – “as necessary” is not acceptable, “one dose every three hours” is acceptable</b> |  |
| <b>Name of Medicine 2</b>  |  |
| <b>Dose</b>  |  |
| <b>Frequency</b>   |  |
| <b>Please give precise instructions – “as necessary” is not acceptable, “one dose every three hours” is acceptable</b> |  |

|  |               |
|--|---------------|
| <b>Expiry date</b>   |               |
| <b>Is this medication part of a care plan written by the School Nurse?</b> | <b>YES/NO</b> |
| <b>Emergency telephone number</b>  |               |

**Signature of Parent / Carer .....**

**Date .....**

## Appendix D: Record of medicine administered to all students

Student name \_\_\_\_\_

Form \_\_\_\_\_ Year Group \_\_\_\_\_

| Date | Time | Medicine Given | Dose | Any reaction? | Medication returned | Signature | Print Name |
|------|------|----------------|------|---------------|---------------------|-----------|------------|
|      |      |                |      |               |                     |           |            |
|      |      |                |      |               |                     |           |            |
|      |      |                |      |               |                     |           |            |

**Medication returned for appropriate parental disposal e.g. Epi-pen:**

**Date:**

**Staff Signature:**

## Appendix E: Consent Form for use of Emergency Salbutamol Inhaler

### Child showing symptoms of asthma/ having asthma attack

1. I can confirm that my child has been diagnosed with asthma/ has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed.....Date:.....

Name (print) .....

Childs name.....

Parents address and contact details: .....

.....

.....

Telephone: .....

Email: .....

## Appendix F: Pupil Safety and Medical Form

Name \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Form \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone No \_\_\_\_\_

Doctor's Address  
\_\_\_\_\_

| Please tick the appropriate box  | YES    | NO |            |        |       |       |       |       |
|--|--------|----|------------|--------|-------|-------|-------|-------|
| 1. Has your child any visual impairment? If yes, please give details   |        |    |            |        |       |       |       |       |
| 2. Has your child a hearing impairment? If yes please give details   |        |    |            |        |       |       |       |       |
| 3. Can your child participate in physical activities without restriction or special supervision? If no please give details   |        |    |            |        |       |       |       |       |
| 4. Has your child had any recent injury? If yes, please give details   |        |    |            |        |       |       |       |       |
| 5. Has your child had any recent infection? If yes, please give details  |        |    |            |        |       |       |       |       |
| 6. Is your child currently under treatment for any condition? If yes, please give details  |        |    |            |        |       |       |       |       |
| <p>7. Please state any medication which is required for your child</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left; width: 60%;">Medication</th> <th style="text-align: left;">Timing</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>8. Please give details of any allergies, in particular please highlight if she is allergic to any medicine and actions that should be taken if your daughter has an allergic reaction e.g.; EPI pen, Asthma Pump</p> |        |    | Medication | Timing | _____ | _____ | _____ | _____ |
| Medication   | Timing |    |            |        |       |       |       |       |
| _____  | _____  |    |            |        |       |       |       |       |
| _____  | _____  |    |            |        |       |       |       |       |

9. Does your child have a current care plan? Is she involved with any external agencies e.g. CAMHS, Social Services, Educational Psychologist?

10. Please give any further information which may be relevant, including dietary requirements **especially** food allergies – nuts, wheat etc.

11. Please provide the date of your child's last inoculation:

**I give consent for my daughter to be given the following if required:**

|          | Yes | No |           | Yes | No |
|----------|-----|----|-----------|-----|----|
| Plasters |     |    | Sun cream |     |    |

**Notes to Parents/Carers:**

**MEDICAL EMERGENCY PROCEDURE**

In the event of a medical emergency staff will immediately call an ambulance and the designated emergency contact (in order of preference given on the data sheet completed at the beginning of each academic year).

**CHANGES TO MEDICAL INFORMATION AND EMERGENCY CONTACTS**

Please advise the school **immediately of any change** to the information you have provided on this form or any updates and/or undeclared medical issues or conditions. It is the sole responsibility of the parent/carer to inform the school of such changes. Failure to do this may put your daughter at risk while on a trip. The school will not be held liable for emergencies should you fail to disclose or update your daughter's medical information or Emergency Contacts. If your daughter uses an Asthma pump, EPI pen or insulin she must have these on her at all times. **Please complete the 'Administering Medication' pro forma to request for your daughter to carry her own medicine.**

**TRAVEL HOME**

You will always be notified, usually by letter home, of the approximate time of return at the end of a school journey.

**Emergency Contacts**

Name & Relationship to Child \_\_\_\_\_

Home Number \_\_\_\_\_ Mobile \_\_\_\_\_

Alternative Contact \_\_\_\_\_

Relationship to the child

Home number \_\_\_\_\_ Mobile \_\_\_\_\_

Alternative Contact \_\_\_\_\_

Relationship to the child

Home number \_\_\_\_\_ Mobile \_\_\_\_\_

Signed (Parent / carer) ..... PRINT NAME .....

DATE ..... Address .....