

# **UTC Leeds** **Medical Conditions** **Policy**

**Adopted by the Governing Board: July 2018**

**To be reviewed by Governors: July 2019**

**SEN: Sarah Ellis**  
**Governor link: Fay Best**

## **LEEDS CHILDREN'S SERVICE MEDICAL CONDITIONS POLICY FOR UTC LEEDS**

### **Introduction**

UTC Leeds recognises that duties in the Children and Families Act 2014 and the Equality Act 2010 relate to children with disability or medical conditions.

### **Policy Statement**

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with medical conditions the same opportunities as others at school.

We will help to ensure they:

- Are safe from harm
- Do well at all levels of learning and have the skills for life
- Choose healthy lifestyles
- Have fun growing up
- Are active citizens who feel they have voice & influence

We understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. We also understand the importance of medication being given as directed by healthcare professionals and parents.

All relevant staff understand the medical conditions that affect pupils at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention.

The named member of our staff responsible for this medical conditions policy and its implementation is the Principal of UTC.

In respect of implementation, school policy includes:

- Sufficient staff are suitably trained (SENCO)
- All staff are made aware of the child's condition (SENCO)
- Cover arrangements are made in case of staff absence or staff turnover to ensure someone is always available
- Briefing for supply teachers (They will be provided with a Medical list Summary overview)
- Risk assessments for work placements, school visits, holidays and other school activities outside the normal timetable; (EVA paperwork)
- Monitoring of individual health care plans (SENCO)

## **Policy Framework**

The policy framework describes the essential criteria for how we meet the needs of children and young people with long-term conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

## **Objectives**

We will:

- Ensure that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. (e.g employer events, career days, theatre visits)
- Provide staff training on the impact medical conditions can have on pupils in order to be safe, welcoming and supportive of pupils with medical conditions.
- Strive to provide children and young people with medical conditions the same opportunities and access to activities, both on and off site, as other pupils.
- Consider what reasonable adjustments we need to make to enable children with medical needs to participate fully and safely on visits.
- Carry out risk assessments so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We understand that children with the same medical condition will not necessarily have the same needs. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency. (Refer to Individual Health Care Plans)

Our medical conditions policy has been agreed in consultation with pupils, parents, on site medical support, staff, governors, and relevant local health services. It is supported by a clear communication plan for staff, parents and other key stakeholders to ensure full implementation.

We have clear guidance (**Appendix 1**) on:

- record keeping
- providing care and support
- administering medication
- the storage of medication and equipment

This school takes responsibility for ensuring that there are named staff with explicit responsibility for administering medication and providing care. All staff, however, have

received suitable training and have access to ongoing support.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

Each member of the school and health community knows their role in, and responsibility for, maintaining and implementing an effective medical conditions policy.

**Signed:**

**Chair of Governing Body Headteacher**

**Dated** \_\_\_\_\_ **20** \_\_\_\_\_

**Appendix 1** Guidance from ‘Supporting Pupils with Medical Conditions’ DfE 2015

# **1. Medical Condition Record Keeping**

## **1.1 Support Assessment (Template Appendix 2)**

Once a condition is disclosed (application form, interview, induction or at any time in the year) a 'Support Assessment' will be completed by SENCO and support arrangements should be in place in time for the start of the relevant school term. Transitional arrangements will be made between schools. Support Assessments will be stored securely and shared electronically on the school system with staff (Stored on a shared Google file on the Staff Intranet).

A new diagnosis or for students moving to a new school mid term, or reintegration when pupil's needs change, support arrangements should be put in place within two weeks. These arrangements include staff briefing, training or support arrangements (SENCO.)

Schools do not have to wait for a formal diagnosis before providing support to students. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

## **1.2. Individual Health Care Plan (IHCP) (Template Appendix 3)**

Some students may require an Individual Healthcare Plan. (IHCP)

IHCPs can help to ensure that schools effectively support pupils 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 likely to be helpful in the majority of other cases, especially where medical conditions are long- term and complex

IHCPs (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 child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

IHCPs should be reviewed by the SENCO annually or following any changes in a student's condition. IHCPs and reviews are stored on the student's medical area of SIMS. SENCO to store and update information. All staff are responsible for reading IHCPs.

## **2. Providing care and support**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

**2.1 Governing bodies** should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**2.2 Headteachers** should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Staff will be provided with support summaries and IHCPs for identified students with medical conditions. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse. (UTC does not have a designated school nurse. Where needed SENCO to contact school nursing service for advice and guidance.)

**2.3 Parents** should provide the school with sufficient and up-to-date information about

their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times

**2.4 Students** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

## **2.5 School staff**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training

and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## **2.6 Training**

Any member of school staff providing support to a pupil with medical needs should have received suitable training. E.g annual asthma, allergy training through school nursing service. (Current trained asthma/allergy/epipen staff stored on Safeguarding training documents.)

SENCO will arrange or provide annual training for specific conditions e.g Epilepsy with support and guidance from relevant healthcare professionals (School Nursing Service). Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

SENCO will make arrangements for whole- school awareness training so that all staff

are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. (Annually in September induction and at staff training events.)

### **3. Administering Medication**

3.1 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

3.2 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans). Written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient.

3.3 No child 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 child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non- prescription medicines may be administered

**Parental Agreement for setting to administer medicine** form needs completing before students can store or take prescription medication at school. **(Appendix 4)**

3.4 A child under 16 should never be given medicine containing **aspirin** unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

**Parents should be informed.**

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

3.6 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

## **4. The storage of medication and equipment**

### **4.1 Storage**

Schools should only accept prescribed medicines if these 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 in the locked medicine filing cabinet at reception. Keys - reception, SENCO and Designated Lead for Safeguarding.

Students know that their medicine is stored behind reception in a locked cupboard and are 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 children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

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.

### **4.2 Controlled Drugs**

A child 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 child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil 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. (Records are stored in the student's individual file in the locked filing cabinet at reception.)

School staff may administer a controlled drug to the child 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 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 in school.

### **4.3 Written Records**

Governing bodies should ensure that written records are kept of all medicines administered to children:

Medication Administration Log (**Appendix 5**). This is currently completed by staff giving individual prescription medication with parental consent form: reception staff, SENCO, Designated Safeguarding Lead, First Aid staff and copies are kept with student medical information in the locked filing cabinet in reception.)

Non prescription medication given e.g pain relief, paracetamol is recorded on generic Medication Log stored at reception desk. (**Appendix 6**) Any generic medication given has been agreed with a parental consent form or from documented parental telephone consent.

### **4.4 First Aid Equipment**

#### Defibrillators

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

UTC has purchased a defibrillator as part of the first-aid equipment. This is located in the kitchen area cupboard behind reception.

Staff members appointed as first -aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike; (Please refer to First Aid Policy.)

#### Asthma inhalers

Schools may hold asthma inhalers for emergency use.

