



Anthony Gell
— School —

MEDICAL CONDITIONS POLICY

	Date	Minute No.	Review Date
Reviewed by Governors	27 th February 2019	1417/19	February 2022
Reviewed by Governors	7 th July 2022	1632/22	November 2023
Reviewed by Governors	27 th November 2023	1709/24	November 2024
Reviewed by Governors	12 th March 2025	1754/25	March 2026

Statement of Principles

- i) Anthony Gell School is an inclusive community that welcomes and supports students with medical conditions.
- ii) The school provides all students with any medical condition the same opportunities as others at school.
- iii) We will help to ensure students can:
 - be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic wellbeing once they left school.
- iv) The school makes sure all staff understand their duty of care to children and young people in the event of an emergency. All staff will be told what to do in an emergency.
- v) The school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. The school understands the importance of medication and care being taken as directed by healthcare professionals and parents.
- vi) Staff receive information and training on the impact medical conditions can have on students.
- vii) The school will listen to the views of students and parents. Students and parents can feel confident in the care they receive from the school and the level of that care meets their needs.
- viii) Staff seek to understand the medical conditions of students at the school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- ix) All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- x) The whole school and local health community understand and support the medical conditions policy.
- xi) The school understands that all children with the same medical condition will not have the same needs.

- xii) The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions is anticipatory.

Staff Awareness

- i) All school staff, including temporary or supply staff, understand their duty of care to students in an emergency.
- ii) All children with a serious medical condition at the school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a student should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings. The prescribing doctor will produce the IHP.
- iv) The main conditions that will require an IHP are :
 - 1. Need for an epipen due to a serious allergy
 - 2. Diabetes
 - 3. Severe Asthma

Staff will be provided with information on the symptoms and appropriate measures to take in relation to these conditions.

- iii) All staff understand and are trained in the school's general emergency procedures.
- iv) All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.
- v) Identified pastoral staff should be called in the event of a medical situation. Other staff in school have been trained to be able to provide first aid and/or advice in the event of an accident or emergency. A member of staff will call for an ambulance if necessary and arrange for parents to be informed.
- vi) If a student needs to attend hospital, one or more members of staff (preferably known to the student) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance.

Medication

- i) The school has clear guidance on providing care and support and administering medication at school.
- ii) The school understands the importance of medication being taken and care received as detailed in the student's IHP.

- iii) The school will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. The school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- iv) The school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the student to involve their parent, while respecting their confidentiality.
- v) When administering medication, for example pain relief, the school will check the maximum dosage and when the previous dose was given. Parents will be informed. The school will not give a student under 16 aspirin unless prescribed by a doctor.
- vi) The school will make sure that a trained member of staff is available to accompany a student with a medical condition on an off-site visit, including overnight stays where necessary.
- vii) Parents will be told that they should let the school know as soon as possible if their child's needs change. Parents are asked to update information as necessary.
- viii) If a student misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.
- ix) The school will keep records of any medication administered.
- x) The school has clear guidance on the storage of medication and equipment at school.
- xi) The school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Students may carry their emergency medication with them if they wish/this is appropriate.
- xii) Students may carry their own medication/equipment, or they know exactly where to access it.
- xiii) Students can carry controlled drugs if they are competent, otherwise the school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at the school can administer a controlled drug to a student once they have had specialist training.
- ix) The school will make sure that all medication is stored safely, and that students with medical conditions know where they are at all times and have access to them immediately.

- x) The school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- xi) Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- xii) The school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

Record Keeping

- i) Parents are asked if their child has any medical conditions on the enrolment form.
- ii) The school uses an IHP to record the support an individual student needs around their medical condition. The IHP is developed with the student (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services. The prescribing doctor/consultant is responsible for writing the IHP.
- iii) The school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register. IHPs are regularly reviewed, at least every year or whenever the student's needs change.
- iv) The student (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the students in their care.
- v) The school makes sure that the student's confidentiality is protected.
- vi) The school seeks permission from parents before sharing any medical information with any other party.
- vii) The school communicates with the student (where appropriate), parent (where appropriate), specialist nurse (where appropriate) and relevant healthcare services (where appropriate) prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the student's IHP which accompanies them on the visit.
- viii) The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

- ix) The school makes sure that all staff providing support to a student have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the student's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and the school keeps an up-to-date record of all training undertaken and by whom.

The school environment

- i) The school aims for the school environment to be inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
- ii) The school is committed to providing a physical environment accessible to students with medical conditions and students are consulted to ensure this accessibility. The school is also committed to an accessible physical environment for out-of-school activities.
- iii) The school makes sure the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- iv) All staff are aware of the potential social problems that students with medical conditions may experience and use this knowledge, alongside the school's anti-bullying policy, to help prevent and deal with any problems. They use opportunities such as PSE/CR and science lessons to raise awareness of medical conditions to help promote a positive environment.
- v) The school understands the importance of all students taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all students. This includes out-of-school clubs and team sports.
- vi) The school understands that all relevant staff are aware that students should not be forced to take part in activities if they are unwell. They should also be aware of students who have been advised to avoid/take special precautions during activity, and the potential triggers for a student's medical condition when exercising and how to minimise these.
- vii) The school makes sure that students with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- viii) All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a student's medical condition. The school will not penalise students for their attendance if their absences relate to their medical condition.

- ix) The school will refer students with medical conditions who are finding it difficult to keep up educationally to the SENDCo who will liaise with the student (where appropriate), parent and the student's healthcare professional (where appropriate).
- x) Students at the school learn what to do in an emergency.
- xi) The school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of students with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. This is all recorded on the **EVOLVE** system. The Educational Visits Coordinator (EVC) is responsible for these risk assessments.

Triggers

- i) The 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.
- ii) The school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- iii) School staff will be given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers
- iv) The IHP details an individual student's triggers and details how to make sure the student remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of students with medical needs.
- v) The school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Roles

The school works in partnership with all relevant parties including the student (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

Review

The medical conditions policy is regularly reviewed, evaluated and updated. Medical updates on students are produced every year or as necessary.

*The term 'parent' implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority.