



Torquay Girls Grammar School

Supporting Students with Medical Conditions Policy

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*Appendix 1 Version Control Amendments Table

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Staff are reminded that they should dial 999 in the event of a medical emergency, before implementing the terms of this policy.

1. 1. Aims

This policy aims to ensure that:

- The school has adequate, safe and effective medical provision for students in the event of illness or injury
- Students, staff and parents understand how our school will support students with medical conditions or in the event of accident/injury
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips, residential activities and sporting activities

The Trustee board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of students' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing teachers with appropriate information about the policy and relevant students

2. 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting students with medical conditions at school](#).

This policy is compliant with the following relevant legislations:

Health and Safety at Work Act 1974

Health and Safety (First Aid) Regulations 1981

Equality Act 2010

This policy also complies with our funding agreement and articles of association.

3. 3. Roles and responsibilities

3.1 The Board of Trustees

The Trustee Board has ultimate responsibility to make arrangements to support students with medical conditions.

The Trustee Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and support individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Contact the school nursing service in the case of any student 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Facilitate the delivery of the National School-Aged Immunisation Programme in partnership with the local School-Aged Immunisation Service (SAIS)
- Work in partnership with Heads of Year, Heads of Key Stage, Heads of PSHE and SLT to identify opportunities for health promotion and health education, in order to support students and staff with both mental and physical wellbeing
- Have oversight of first aid provision, including ensuring first aid kits and treatment rooms are adequately stocked and regularly checked
- Support trip leaders in identifying needs of students attending trips/residentials/foreign travel

3.4 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff can be asked to provide support to students with medical conditions, but they will not be obliged to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions, and/or provide first aid, and/or administer medications will receive sufficient and suitable training and will achieve the necessary level of competency before doing so. They will be provided with the necessary equipment and resources in order to carry out these roles safely and effectively.

Teachers will take into account the needs of students with medical conditions that they teach and/or look after in their form group. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Unless otherwise stated in a student's records, staff will act in loco parentis in emergency situations.

3.5 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs and any changes as they occur, including informing the school if a previously recorded medical need and/or medication is no longer applicable.
- Inform the school of what constitutes a medical emergency for their student and advise of any action they require us to take, in addition to the school acting in loco parentis, e.g. to contact a particular member of the child's medical team.
- Carry out any action they have agreed to, e.g. provide medicines and equipment, make arrangements for their child to attend regular reviews with healthcare professionals and ensure they or another nominated adult are contactable at all times.

3.6 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs.

Where a student becomes unwell or injured during the school day, they should follow the guidance in the Student Planners.

3.7 Other healthcare professionals

Staff will be notified when a student has been identified as having a medical condition that will require support in school. Information will also be held centrally on a confidential database, updated at least annually, for staff to access at any time.

Healthcare professionals, such as commissioned school and public health nurses, GPs and paediatricians, will liaise with the school and notify them of any students identified as having a medical condition or need. They may also provide advice on supporting students' medical needs.

4. Equal opportunities

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, including overnight stays and international travel, as well as in sporting and other extra-curricular activities, and to not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely in daily school life at TGGS and on school trips, visits, and sporting and other extra-curricular activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included.

5. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined in Appendix 1 will be followed.

6. Individual healthcare plans

Not all students with a medical condition will require an IHP. Parents and appropriate healthcare professional/s will inform the school if it is inappropriate or disproportionate. The IHP will be based on evidence.

IHPs may be created, updated and/or ended at any point during a student's time at TGGS. Parents and/or appropriate healthcare professionals will update the school regarding any changes to the IHPs.

Plans will be reviewed annually, or earlier if there is evidence that the student's needs have changed.

Plans will be child-centred and developed with the student's best interests in mind, considering their holistic needs, and will set out:

- What needs to be done
- When
- By whom

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP, along with any safeguarding needs.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. TGGS will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for self-administration, self-storage and medication monitoring.
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school if:

- It would be detrimental to the student's health or school attendance not to do so **and**
- We have parents' consent

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents.

The school will only accept prescribed medicines that are:

- In-date (the expiry date must be visible)
- Clearly labelled with the student's name and the medication name/strength
- Prescribed medication must be provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in-date and labelled with the student's name wherever possible. Parents will take responsibility for checking the insulin is within date and fit for usage prior to sending this in.

Medicines and devices such as asthma inhalers, blood glucose testing meters, diabetes treatment and adrenaline pens will always be readily available to students.

7.1 General administration

Any staff member administering routine medications (including one-off doses of paracetamol), should complete the relevant training on Educare (see 9.9).

Emergency medicines such as adrenaline do not require this training to be completed, but staff should familiarise themselves with the basic procedures.

Controlled medications will be administered by a member of the pastoral team (see 7.3).

Self-administration and the carrying of medicines on their person may be appropriate for some students (see 7.4). In the case, the parent should give written consent to the Head of Year.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Staff will only give the maximum dose as stated on the medication instructions for their age group, even if a student normally takes a higher dosage at home, unless directed in writing by a doctor or prescribing healthcare professional.

Parents will always be informed of medications given by school staff, usually by email. Medication administration will also be recorded, along with confirmation of parental consent, where this is given over the telephone for one-off doses (for example, for paracetamol).

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

7.2 Safe storage and disposal

7.2.1 Storage

All medicines will be stored safely in the First aid room unless otherwise the medicine is an emergency drug.

All adults who have completed training in medicines management, will have access to locked cabinets/fridges and can administer medicines to students.

7.2.2 Disposal

Parents will be informed by email when a drug is due to expire and will be given the option of having the medicine sent home for safe disposal, or having the medicine disposed of by school.

Medicines in any form (liquid, tablets etc), will be disposed of by school so using the appropriate secure bins and safe waste disposal services.

Medicinal sharps, including expired adrenaline auto-injectors, will be disposed of by school using the appropriate secure bins and safe waste disposal services.

Controlled drug disposal will be discussed by parents, as these should be taken to a pharmacy for safe denaturing and disposal.

Parents should inform school if a drug is no longer required and this can be returned or disposed of in the same way as expired drugs.

7.3 Controlled drugs

Controlled drugs (CDs) are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

CDs are prescribed and dispensed for individually named persons, similarly to routine prescription medications.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so and this would require an IHP explicitly stating this arrangement.

They must not pass it to another student to use.

All other controlled drugs are kept in a locked cupboard in the medical centre. This cupboard can only be accessed by the TGGS nurse and appropriately trained staff.

Controlled drugs will be easily accessible in an emergency and a record of any doses administered and the amount held will be kept. Doses should always be witnessed by a second appropriately trained staff member and co-signed for.

CDs should be returned to a pharmacist for safe denaturing and disposal.

7.4 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medical conditions and procedures. This may include medication administration and will be discussed with parents and reflected in their records.

Students are permitted to carry their own emergency medicines and devices for conditions such as asthma, diabetes, severe allergy or epilepsy.

The school encourages parents to send in spare supplies of emergency medicines/devices, which can be stored safely in the medical centre and accessed easily in an emergency.

Students in Years 7-11 will not be permitted to carry their own medications on their person, including over-the-counter medications, such as painkillers or hayfever tablets, unless this has been agreed in writing with parents using the self-management consent form.

Cases will be assessed on an individual basis in order to ensure student safety and to reduce the risk of misuse or accidental overdose.

Students in Years 7-11 are very welcome to store their own supply of painkillers, hayfever medicines etc in the First Aid room. They should bring these in after completing the ParentPay medicines consent form.

Sixth Form students are aged over 16 and therefore may carry their own over-the-counter medications without parental consent forms, unless there is an indication for this (for example, safeguarded students or those who may not be deemed competent to manage their own medicines). If the student is carrying painkillers then they should only carry 2 tablets. This is very important to safeguard the students from any potential incorrect dosing.

In all cases, students should not share their medications with another person, even if the medications are over-the-counter drugs and their diagnosis or symptoms are the same.

This may lead to adverse reaction, incorrect dosing and serious harm for the recipient, and to disciplinary action for the medication owner.

Any student in any year group, including Sixth Form, may forfeit the privilege to self-manage their own medications if they not complying with this policy.

7.5 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's medical need and/or advice from a healthcare professional.

It is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment or medication
- Ignore the views of the student or their parents
- Ignore medical evidence or opinion (although this may be professionally challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their medical records or would be otherwise detrimental to their recovery and/or ongoing health
- Send an unwell student to the First aid room unaccompanied or with someone unsuitable. Staff can use the 'Notify' system to request assistance with escorting student to First aid room.
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments or acute exacerbation of illness
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine or monitor their condition, e.g. checking their blood glucose, in corridors or school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' medical records will clearly set out what constitutes an emergency and will explain what to do.

Emergency medicines and a defibrillator will be held in easily accessible locations and communicated to all staff at the commencement of employment.

Where there is a danger to life, emergency services will be called in the first instance and the child may be transported to hospital, which may occur before parents have been updated.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives or accompany the student to hospital by ambulance.

Parents will be updated as soon as is practicable and safe and will be asked to attend in order to relieve school staff and to take over decisions regarding consent to medical treatment.

9. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so. These staff will be included in meetings where this is discussed.

Staff who feel they need further medical-related training should discuss this with their line managers and/or the CPD lead in the first instance. Where relevant, TGGS will work with healthcare professionals who will lead on identifying the type and level of training required.

A record of medical-related training will be held by CPD lead.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements of the students' medical needs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Be kept up-to-date – it is the responsibility of the individual staff member to ensure their training is current, and to alert their line manager and/or CPD lead if they require a refresher

All staff will understand their role in implementing this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs.

10. Record keeping

The Trustee Board will ensure that the following written records are kept for as long as these students are at the school:

- Administration of medicines
- Copies of IHPs or other relevant medical information
- Medical procedures/treatments, including but not limited to first aid, ad-hoc Covid-19 testing and diagnostics (e.g. temperature checks, blood glucose checks)
- Discussions with healthcare professionals or parents relating to the medical condition of a student
- Safeguarding concerns

Contemporaneous records and chronological entries will be maintained, but may not be visible to all staff unless appropriate (e.g. in the case of safeguarding or where strict confidentiality is to be observed e.g. sexual health advice and pregnancy testing for students deemed safe and competent to request these services).

IHPs and related medical alerts are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The Trustee Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the HOY in the first instance.

If the HOY nurse cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

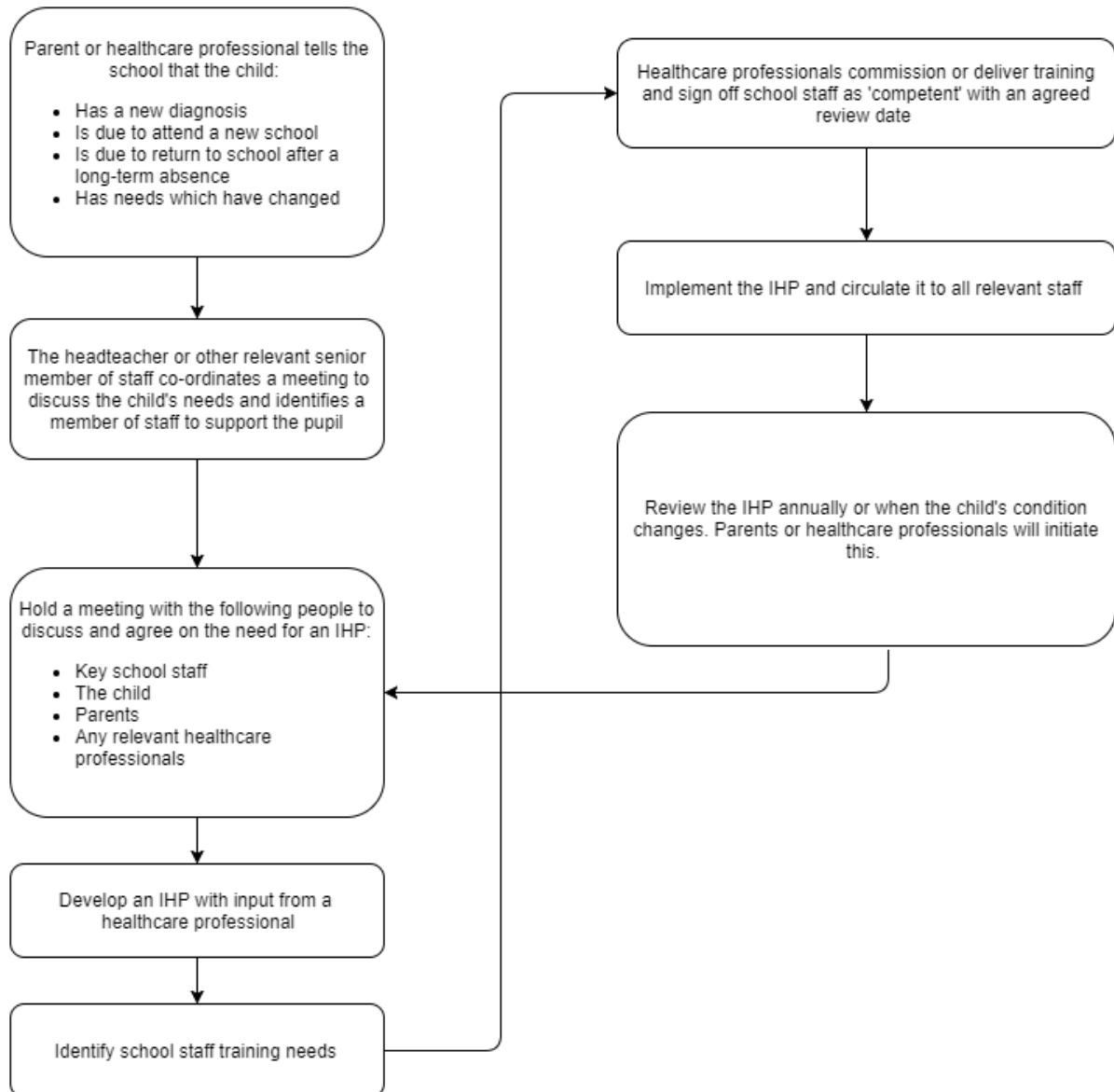
This policy will be reviewed and approved by the SLT annually.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a significant medical condition



Appendix 2 –Version Control Amendments

Version No	Date	Summary of Changes