

Royal Alexandra and Albert School



Supporting Students with Medical Conditions in School Policy

Policy applies to	All students
Committee responsible	Health & Safety
Governing Body approval required	Yes
Accountable Executive	Deputy Head Boarding Co-curricular & Community
Status & Review Cycle	Statutory, annual
Last approval	July 2024 (Governor)

1. Introduction

We aim to ensure that all children with medical conditions, in terms of both physical and mental health, are supported in school to enable them to be involved in a full and active role in school life, remain healthy and achieve their full academic potential. Students with long-term and complex medical conditions may require on-going support, medicines or care at school to aid them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

2. Notifying the school when a child has a medical condition

Parents and/guardians must provide the school with sufficient and up-to-date information about their child's medical needs. This is initially provided through the New student Health Questionnaire which is completed prior to joining the school. Subsequent changes to a child's medical needs should be raised directly with the School Health Centre. Students with Individual Healthcare plans in school will have these reviewed annually, usually in September.

For children starting at RAAS, any appropriate health care arrangements required should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or a student joining the school mid-term, every effort will be made to ensure that the required arrangements are put in place within two weeks .

In cases where a student's medical condition is unclear, or where there is a difference in opinion, judgements will be needed about what support to provide based on the evidence available. This would normally involve some form of medical evidence and consultation with parents/ guardians.

3. Individual Health Care plans (IHCPs)

Individual Health Care Plans (IHCPs) help to ensure that students with medical conditions are supported in school. 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. IHCPs are likely to be helpful in a number of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

IHCPs will be initiated in consultation with the parent/guardian by a member of the school Health centre or another healthcare professional involved in providing care to the child. Plans will often involve a relevant health care professional, e.g specialist childrens or community children's nurse, who can best advise on the particular needs of the child. Students will also be involved where appropriate, in the writing of the plan to ensure we have their voice on how best to support them. The aim should be to capture the steps which the school should take to help the child to manage their condition and overcome any potential barriers to getting the most from their education and school experience.

IHCPs are circulated to the relevant members of staff who need to refer to them, while preserving confidentiality. The level of detail contained within the plans will depend on the complexity of the child's condition and the degree of support needed. IHCPs will be reviewed annually or earlier if there is evidence provided to show that the child's needs have changed.

The type of information contained in an IHCP may include the following;

- The medical condition, its triggers, signs, symptoms and treatments.
- The students resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipments, 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 students 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who in the school needs to be aware of the child's condition and the support required
- Separate arrangements or procedures required whilst in boarding, for flexi boarders this may mean additional medications to be administered in the evening that staff may not be otherwise aware of.
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure that the child can participate, e.g . risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Students who have medical conditions such as asthma, diabetes, epilepsy, and anaphylaxis should have a plan provided to the school by the parents written by their healthcare provider. Please refer to the following protocols

- Asthma Protocol
- Anaphylaxis protocol
- Diabetes protocol
- Epilepsy Protocol

- 4. Disabled students, students with SEN and pupils with a social, emotional or mental health care need**
Students with an SEN or a disability should either have an Educational Health Care Plan (EHCP) or Individual Welfare Plan (IWP). Please refer to the RAAS SEN policy. Students with a social, emotional or mental health care need should have an SEMH plan.

5. Short-term, extended and/or frequent absences

Where a student's medical condition has caused short-term, extended and/or frequent absences the parent/ guardian is required to inform the attendance in writing of the circumstances. Written confirmation from the relevant Healthcare professional may also be required. From there it is intended that a suitable plan is agreed for catching up on work that is missed, communication between school, home and/or an alternative provider of education (such as hospital education or home tutor) and details relating to reintegration to school.

Open and regular communication between the parent and school is required to keep all parties up to date and put the school in a position to support the student and their family in the best way possible.

6. Staff training and support

Members of staff who have significant involvement with a child with complex medical needs will receive suitable training, either from the school nurses, or other healthcare professionals or other training providers.

Training needs are identified during the development or review of Individual Healthcare Plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.

The school nurses will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. 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 IHCPs. They will need to be understanding of specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any IHCPs). Refer to the RAAS Administration and handling of medications Policy and Controlled Drug procedure.

The school nurses provide whole school awareness training so that all staff are aware of certain widely occurring medical conditions such as asthma and diabetes and rare but essential management of emergencies such as sudden cardiac arrest and anaphylaxis. The setting for these awareness training sessions is typically INSET day. Induction arrangements for new staff are also included. The relevant healthcare professional will advise on any additional training that will help ensure that a medical condition affecting a student in the school is fully understood. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. The provision of this training is monitored and reviewed regularly by the Health Centre Manager and where required competency assessments are carried out and reviewed at least annually.

7. The Students role in managing their own medical needs

Students with long-term medical conditions and who are deemed competent may be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within their IHCP. Students who are managing their own medications will also be required to sign a self medication risk-assessment form, co-signed by the School nurse.

Wherever possible, and where it is safe to do so, all students will be allowed to administer their own emergency medications and carry relevant devices or should be able to access their medicines and devices for self medication quickly and easily. Students who do take their medicines themselves may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help administer medicines and manage procedures for them. This includes the completion of an accident form as per the Health and Safety policy and First Aid policy.

If a student refuses to take medication or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parents/ guardians should be informed so that alternative options can be considered.

8. Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. In the case of boarding students doses will be arranged in times which will not interfere with lessons where possible.

For detailed information please see the RAAS Policy for the Administration and Handling of medication.

9. Working with others

Supporting a student with medical conditions at school is not the sole responsibility of one person. Effective support will depend on working cooperatively with other agencies. Partnership working between school staff, health care professionals (and where appropriate social care professionals), local authorities, and parents/ guardians and students themselves is critical.

10. Records and record keeping

Electronic Health centre records are maintained and stored securely. Individual student health records detailing the administration of medication, consultations, in and out of school appointments and medical correspondence are entered on a secure database accessible only by the Health Centre staff.

Other trained staff administering medications will also use a modified version of this database providing only access to dispensing of medications.

Administration of Controlled drugs is recorded on both the electronic database and recorded in hardbound Controlled drug book provided where appropriate as per MRHA guidance.

11. Day trips, residential visits and sporting activities

The school actively supports students with medical conditions or disability to participate in school trips and visits. or in sporting activities. Teachers and other trip leaders should be aware of how a student's medical condition will impact on their participation, but there should be enough flexibility for all students to participate according to their own abilities and with any reasonable adjustments, unless evidence from a clinician such as a GP states that this is not possible.

The Health centre is responsible for the collation of relevant medical information for students attending trips. The trip leader is responsible for providing the Health centre with a list of students attending a trip/ activity at least 5 days prior to the trip. The trip leader is then responsible for collecting the medical packs from the health centre where any concerns or specific issues can be addressed. There should be a trained First Aider in attendance on all Residential trips, and if available at least one first aider on all other off site trips.

For Residential and overseas trips there is a 'Residential Trip Pack' available from the Health Centre which should be kept by the designated member of staff on the trip. The pack contains a medicines administration protocol and record sheet, a self-administration risk assessment form and a pupil injury form. The Designated member of staff will be responsible for storage, recording and administration of prescribed and non-prescribed medication. Record of Controlled Drugs received is made on a dedicated Controlled Drug Log. The Designated member of staff must have completed the Administration medications training on Educare as a minimum requirement. If there are controlled drugs on the trip they must also have completed an Administration of Controlled Drugs session in the Health Centre. The designated member of staff is also responsible for returning all medications to the Health Centre/ parents and reporting any losses immediately.

Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures. Students essential medical information is available on SIMS. Students who need to take precautionary measures before or during exercise should be allowed immediate access to their medication, e.g. asthma inhalers, at all times.

12. Unacceptable Practice

Although school staff should use their discretion and judge each case on its merit with reference to the students Individual Health Care Plan, it is not generally acceptable practice 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
- Ignore the views of the student or their parents/ guardians; or ignore medical evidence or opinion (although this may be challenged)
- send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans
- if the student becomes ill, send them to the school office or health centre unaccompanied or with someone unsuitable
- penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent students from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- require parents/guardians, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues
- prevent students from participating or create unnecessary barriers to students participating in any aspect of school life, including school trips

Other Policies and protocols to support this policy

- Administration and Handling of medication Policy
- Controlled Drug Protocol
- Asthma Protocol
- Anaphylaxis Protocol
- Diabetes Protocol
- Epilepsy Protocol
- Health and Safety Policy
- Health Centre Policy
- First Aid Policy

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