

JKHS SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

This policy aims to ensure that students, staff and parents/carers understand how John Kyrle High School (JKHS) will support students with medical conditions. Also, to ensure students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities. This policy should be read in conjunction with our school First Aid Policy (please see appendix 2).

The governing board has ultimate responsibility to make arrangements to support students with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting students with medical conditions. The governing body will also implement this policy by ensuring:

- the supporting students with medical conditions policy, as written, does not discriminate on any grounds including, but not limited to ethnicity/national origin, culture, religion, gender, disability or sexual orientation;
- that all students with medical conditions are able to participate fully in all aspects of school life;
- information and teaching materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy;
- written records of any and all medicines administered to individual students and across the school population; and
- ensuring the level of insurance in place reflects the level of risk.

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to arrange for supporting students at their school with medical conditions. It is also based on the Department for Education's statutory guidance.

1.1 The headteacher is responsible for:

- ensuring the policy is developed effectively with partner agencies;
- making sure all staff are aware of this policy and understand their role in its implementation;
- taking overall responsibility for the IHCPs (Individual Health and Care Plans); and
- ensuring the correct level of insurance is in place for staff who support students in line with this policy.

1.2 The SENCO is responsible for:

- liaising with healthcare professionals and appropriate staff where IHCPs and EHCPs interlink;
- ensuring systems are in place for reviewing information annually where a student has an IHCP and EHCP (Educational Health Care Plan).

1.3 The resources manager and lead first aider are responsible for:

- developing individual health care plans (IHCPs);
- ensuring systems are in place for obtaining information about a student's medical needs and that this information is kept up to date;
- liaising with healthcare professionals and appropriate members of staff regarding the training required for staff;
- ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations; and
- contacting the school nursing service in the case of any student who has a medical condition.



1.4 Staff members are responsible for:

- taking appropriate steps to support students with medical conditions within lessons and school life;
- administering medication, if they have agreed to undertake that responsibility (first aid trained members of staff);
- undertake training to achieve the necessary competency for supporting students with medical conditions; and
- familiarising themselves with procedures and protocols detailing how to respond when they become aware that a student with a medical condition needs help.

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions. Those who take on responsibility to support students with medical conditions will receive sufficient and suitable training.

1.5 Parents and Carers are responsible for:

- keeping the school informed about any changes to student/students health;
- where necessary be involved in the development and review of their child's IHCP with staff members and healthcare professionals;
- complete a parental agreement for JKHS to administer medicine - before bringing medication into school;
- ensure they provide as part of the implementation of the IHCP medicines and equipment where appropriate; and
- discuss medications with child/children prior to requesting that a staff member administers the medication and ensuring the child is aware of the school procedures and protocols that are in place.

1.6 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 and contribute as much as possible to the development of their IHCPs, as they are expected to comply with the written detail.

- Students who are competent will be encourage to take responsibility for managing their own medicines and procedures once confirmed in their IHCP;
- Where appropriate, students will be encouraged to take their own medicines under the supervision of the Lead First Aider, or a another suitably qualified person on duty;
- Where possible, students will be allowed to carry emergency medicines and devices e.g. epi-pens. Other prescription medication will be located in a locked cabinet in the first aid room;
- If students refuse to take medication or to carry out a necessary procedure parents/carers will be informed, alongside their head of year so that alternative options can be explored.

1.7 School nurses and other healthcare professionals are responsible for notifying the school when a student has been identified with having a medical condition and will require support in school. This will be before the student starts school wherever possible. Healthcare professional such as GPs and paediatricians will liaise with the school nurses and notify them of any students identified as having medical conditions.

2. John Kyrle High School is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities and not prevent them from doing so. The school will consider what reasonable adjustments are needed to be made to enable these students to participate fully and safely whilst undertaking their education at JKHS. Where necessary, risk assessments will be carried out on individual students so that planning arrangements take account of any

steps needed to ensure that students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

When the school is notified that a student has a medical condition, the process outlines below what will be followed to decide whether the student requires an IHCP (see appendix 1). The school will make every effort to put the arrangements in place within two weeks, or by the beginning of the relevant term for students who are new to JKHS.

3. The headteacher has overall responsibility for the oversight of the IHCPs, this has been delegated to the SENCO and Resources Manager. Plans will be reviewed annually or earlier if there is evidence that the student's needs have changed. Plans will be developed with the student's best interests in mind and will set out:
 - What needs to be done
 - By when, and
 - By whom.

Not all students with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents/carers when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional. The student will be involved wherever appropriate. IHCPs will be linked to or become part of any statement of special educational needs (SEN) or education health and care plan (EHCP). If a student has SEN but does not have a statement or EHCP the SEN will be mentioned in the IHCP. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body and the SENCO will consider the following when deciding what information to record on the IHCP:

- the medical condition, its triggers, signs, symptoms and treatments.
- the student's resulting needs, including medication (doses, 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 monitoring.
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- who in the school needs to be aware of the student's condition and the support required.
- arrangements for written permission from parents/carers 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/carer/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.



4. Prescription and non-prescription medicines will only be administered at school when it would be detrimental to the student's health and where we have parents/carers written consent.

Students under 16 will not be given medicine containing aspirin unless prescribed by a GP. Anyone giving a student any medication (e.g. for pain relief) will first check our SIMS system for any first aid notes, then check maximum dosages and when the previous dose was taken. Parents/carers will always be informed with the exception of prescription medication where written parental consent is already in place. The school will only accept prescribed medicines that are:

- in-date
- labelled
- 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/pump rather than its original container, but it must be in date.

All medicines will be stored safely and students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing and adrenaline pens will always be readily available to students and not locked away. Any unused, out of date medicines will be returned to the parents/carers to arrange for safe disposal when no longer required.

Prescription medicines that are controlled under the misuse of drugs regulations 2001, such as morphine and methadone, may only be taken on school premises by the individual to whom they have been prescribed with the appropriate consenting paperwork. All controlled drugs are kept in a secure cupboard in the first aid room and only named staff have access.

Written records of any administered medication will be kept in the first aid room.

5. School staff should use their discretion and judge each case individually with reference to the student's IHCP but it is not acceptable to:
- prevent students from 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/carers
 - ignore medical evidence or opinion;
 - 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 IHCP;
 - send the student to the first aid room if they become ill, 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;
 - require parents/carers or otherwise make them feel obliged to attend school to administer medication or provide medical support including toileting issues.



- prevent students from participating or create unnecessary barriers to students participating in any respect of school life, including school trips e.g. by requiring parents/carers to accompany their child.
6. With regards to emergency procedures, staff will follow the school's normal emergency procedures (for example calling 999). All student's IHCPs will clearly set out what constitutes an emergency and will explain what to do.

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

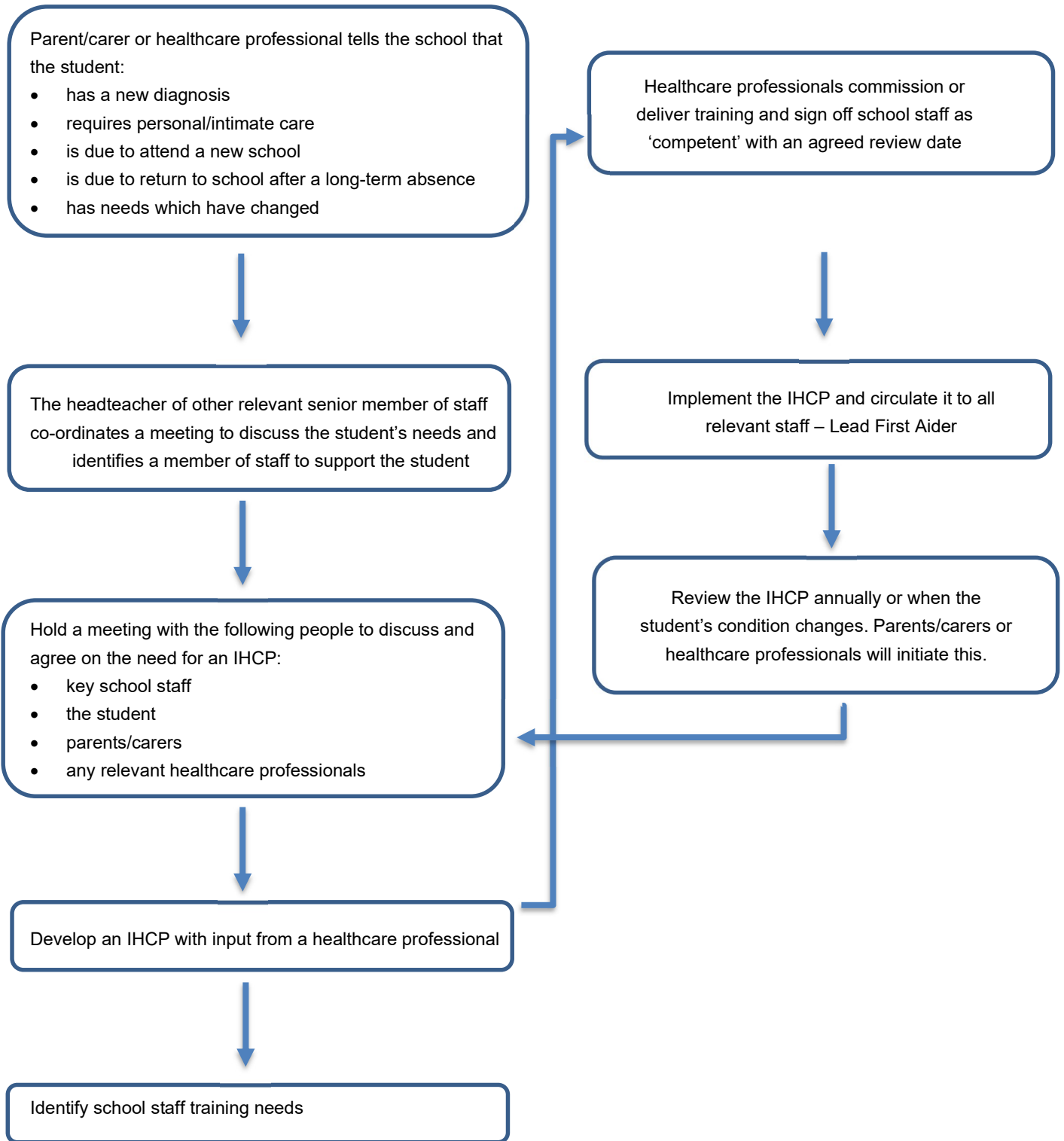
7. There is a chance that a student with medical needs may require intimate care which can be procedures relating to bodily functions and personal hygiene, which can demand direct or indirect contact with or exposure of intimate parts of the body. Some students may require help with dressing or undressing or using the toilet. Whereas most students can achieve these tasks by themselves, it is recognised that some are unable to due to their physical disability, learning difficulty, medical need or needs arising from the student's stage of development.

If intimate care is required, this is to be documented within the IHCP and is to be an appropriate level to suit the circumstances of the student in question. Any student who requires intimate care is treated with respect at all times and we recognise the student's welfare and dignity is of paramount importance. We would work with the student and parent/carer to establish a preferred procedure for supporting the student whilst at JKHS and where procedures require specialist training. Careful consideration will also be given to the student's situation to determine how many carers need to be present when a student is toileted/hoisted. We will seek to provide training for the designated student's key-worker and also one other member of staff. If the student requests assistance, permission to assist them will always be asked first. When intimate care is carried out, it will be recorded on the individual's own personal record. All information in relation to personal/intimate care procedures is recorded and stored securely. We appreciate that sometimes toileting accidents can occur, where the student does not have an intimate care plan the individual will be fully encouraged and supported to achieve the highest level of autonomy that is possible due to their age and ability. Staff will encourage the student to do as much as possibly for themselves and parents/carers will be informed as a matter of confidentiality either in person or by telephone. It may be appropriate where a student is soiled to a point where they are unable to clean themselves to a comfortable state, that parents/carers are contacted immediately so that the student can be taken home for bathing.

No adult will be left alone with a student behind a fully closed door when carrying out intimate care procedures, this is to safeguard both the student and the adult. A parent/carer will be contacted if a student refuses staff assistance or a student is unduly distressed by the experience.

If staff are to attend to intimate care, they are required to wear disposable gloves and a disposable apron when dealing with a student who is bleeding or soiled. Certain viruses may require the staff member to wear a mask during the care procedures and if there is the possibility of spitting or splashes then eye goggles should also be provided. Any soiled waste should be placed in a waste disposable bag which can be sealed. The bag should then be placed in a bin which is designated for the disposal of such waste. The bin is to be emptied on a daily basis. All staff members connected with the process should remember personal hygiene throughout and continued hand washing before and after.

APPENDIX 1 FLOWCHART: Being notified a student has a medical condition



APPENDIX 2 – First Aid Policy

This policy is guided by The Health and Safety (First Aid) Regulations 1981, which requires that employers must provide adequate and appropriate equipment, facilities and personnel to enable first aid to be administered to employees. Also, The Education (Independent School Standards) Regulations 2014 requires suitable space is provided to cater for the medical and therapy needs of students. This policy should be read in conjunction with the guidance from the DFE: '*Guidance on first aid for schools: a good practice*', JKHS health and safety policy and JKHS supporting students with medical needs policy.

1. Introduction

Responsibility for health and safety in schools, including the administration of first aid, lies with the employer and in the case of John Kyrle High School (JKHS), this is the governing body. In discharging its duty of care the governing body delegates to the headteacher the operational responsibility for ensuring that first aid procedures are carried out to comply with legal requirements.

The headteacher is responsible for the implementation of this policy, including:

- a) ensuring that senior leaders undertake risk assessments, where required and that appropriate measures are put in place,
- b) ensuring that adequate space is available for delivering medical assistance to students,
- c) reporting specified incidents to the HSE when necessary.

The senior leaders and the resources manager are responsible for:

- a) ensuring an appropriate number of first aid personnel are present in the school at all times,
- b) ensuring that first aiders have appropriate qualification(s), keep training up to date and remain competent to perform their role,
- c) ensuring all staff are aware of first aid procedures, and
- d) ensuring appropriate risk assessments are completed and appropriate measures are put in place.

School staff are responsible for:

- a) ensuring they follow first aid procedures,
- b) ensuring they know who the first aiders in school are, and
- c) informing the headteacher or their manager of any specific health conditions or first aid needs

2. Appointed person(s) and first aiders

The school has appointed a 'lead first aider' who is line managed by the resources manager – both have received the appropriate training for the posts to administer first aid at JKHS. They are also responsible for:

- taking charge when someone is injured or becomes ill
- updating and checking students' medical records
- performing risk assessments and attending IHCP (individual health care plan) meetings
- ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits, and
- ensuring that an ambulance or other professional medical help is summoned when appropriate.

Besides the lead first aider and the resources manager, JKHS have other appointed first aiders who are trained and qualified to carry out the role and are responsible for:

- acting as first responders to any incidents; they assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment, also
- filling in the first aid log or an accident report on the same day, or as soon as is reasonably practicable, after an incident.

Any employee can volunteer to be a first aider and the trustees are responsible for ensuring there are sufficient number of personnel trained to meet the statutory requirements and all identified needs at any time. All first aiders at JKHS will receive HSE approved training. Alongside first aid training, we also have staff who have been trained in delivery of medicines, diabetes awareness, asthma, and anaphylaxis. The resources manager keeps a detailed list of all first aid related training records and ensures the school has adequate levels of trained staff, to cover all operating hours of the school and to cover trips and fixtures away from school. The school through staff working patterns, has a detailed list of those people who can administer first aid and ensures there is always appropriate cover available.

3. Record keeping

The school keeps a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. These details are supplied by parents/carers for their child. Any side effects of the medication to be administered at school, will be noted. A record of medicine will not be recorded where the student has taken responsibility for their own medication, e.g., asthma inhaler taken when required. A record will be made where medication is held by the school but self-administered by the student. The logbook is based within the first aid room. It also contains information regarding checks for diabetes students, including readings and dosages.

4. Safe storage/disposal of medicines

Medicines are stored strictly in accordance with product instructions, paying attention to temperature and ensuring the product is within the original container in which dispensed, with the student's name clearly shown if prescribed by a medical professional. All administration of medicines is to be accompanied by a signed medicine consent form provided from the parent/carer. All medicines will be kept within the first aid room. If appropriate, medicines that are required to be stored in a fridge, will be kept between 2 and 8°C, and not accessible to students.

In the event of a fire evacuation, the school has a grab bag which contains school available medicines, along with the necessary information for those students with additional medical needs and their appropriate IHCP.

Medicines are checked regularly for dates and parents will be contacted to inform them of the expiry of medicines, and replacements are required to be kept in school.

5. First aid procedures

a) Procedure for sick students

Students who feel unwell should be sent to the medical room to explain their illness. If the student has a known condition they should be carrying with them a medical card that should be presented when they feel unwell which can provide some vital details on what to do if they should need to use it for first aid. The student should be referred directly to the medical room, where a member of the first aid team can assess the individual. If the student requires medical attention they should be accompanied by a fellow student. If the student is too unwell to go to the medical room, or there is a concern that their symptoms could worsen, they must remain under supervision and first aid contacted to come to them.

The decision to send a sick student home will be made by the first aider, if they are in doubt they will seek permission from senior management. Unwell students must be signed out when leaving school for safeguarding reasons. Students with medical needs must be brought to the attention of the SENCO and teaching staff in year group meetings and to the attention of supervisory staff and extended school staff.

With regards to infection control all staff should take precaution and must follow basic hygiene procedures. In respect of sickness/viruses and more recently Covid-19, staff should have access to single-use disposable gloves, aprons, face masks and eye protection should they need it, and all staff will have received training on infection control and how to reduce the risk to them by using single-use equipment such as gloves and aprons. These should then be double bagged and disposed of in bins provided by the site team. All employees will have access to hand washing facilities and alcohol-based hand sanitiser to kill bacteria and germs. The same level of care applies when they are presented with blood or other body fluids and disposing of dressings or equipment.

b) First aid in school - in the event of an accident resulting in injury

The closest member of first aid staff present will assess the seriousness of the injury and seek the assistance of a second qualified first aider, if required. The first aider will also decide whether the injured person should be moved or placed in a recovery position. If the first aider judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents, whether it is A&E check-up or GP advice. If emergency services are called, the resources manager or appropriate other, will contact parents immediately. If a hospital visit is necessary and the parents are unable to meet the student on site, a nominated adult will accompany the student in the ambulance to hospital and stay with them until the parent can arrive. The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury. All accidents/injuries must be reported to the first aider in the medical room to ensure the details are entered into the accident book. All head bumps and injuries must be recorded.

c) First aid off-site procedures

When taking students off the school premises, including for sporting fixtures, staff will ensure they always have the following:

- a mobile phone
- a portable first aid kit collected from the resources department
- information about the specific medical needs of all students on the trip
- parents' contact details, and
- any medication that may be required by students whilst off-site.

Risk assessments will be completed by the trip leader and verified by the trip co-ordinator prior to any educational visit that necessitates taking students off school premises. Also consulting with the lead first aider/resources manager to ensure they have appropriate medical knowledge of students who identify as requiring potential first aid support. There will always be at least one first aider on school trips and visits.

d) First aid and accident record book

An accident form will be completed by the first aider on duty on the same day or as soon as possible after an incident resulting in an injury. As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form. Records held in the first aid and accident book will be retained by the school for a minimum of three years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

e) Allergies

The school holds a register of students who have notified JKHS of an allergy(ies) and particularly those who are prescribed with AAls (adrenaline auto-injector). The register is maintained by the resources manager/lead first aider. Where appropriate, the school will complete an 'allergy action plan' for those with severe allergic



reactions. AAI's will be carried by students at all times and spare students' AAI's are stored in the resources office. JKHS hold school AAI's for use in emergencies for students who have been prescribed an AAI.

John Kyrle High School holds salbutamol asthma inhalers for use in emergencies only. The inhalers may only be used by students whose parents have agreed the use of the emergency inhaler and who have both been diagnosed with asthma and prescribed an inhaler as reliever medication. The inhaler will be used if the student's prescribed inhaler is not available (e.g., because it is broken or empty). A register of students with asthma is maintained by the resources manager/lead first aider.

John Kyrle High School possess an automatic external defibrillator (AED) for emergency use and appropriate staff are trained to operate this equipment.

6. Reporting to the HSE

The resources manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation. Any fatal or major injury must be reported without delay (e.g. by telephone) with a follow up report submitted no later than ten days after the incident. All other incidents can be reported to the HSE as soon as is reasonably practicable and within ten days.

- a) Reportable injuries, diseases or dangerous occurrences include:
 - Death
 - Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.
- b) Injuries where an employee is away from work or unable to perform their normal work duties for more than seven consecutive days (not including the day of the incident)
- c) Where an accident leads to someone being taken to hospital
- d) Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion.

Any incident/accident that is to be reported to RIDDOR will be directed by the school's external health and safety consultant - Nick O'Sullivan.

7. Reporting to Ofsted and child protection agencies

The headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The SENCO will also notify Herefordshire Council safeguarding and/or Gloucestershire safeguarding agencies of any serious accident or injury to, or the death of, a student while in the school's care.

8. Monitoring and evaluation

In order to monitor and evaluate this policy injury/accident books will be monitored to identify recurring incidents to which may be prevented if appropriate action is taken. Individual departments are also required to discuss and record their response to first aid matters on a termly basis. School management hold health and safety meetings with certain heads of departments every term and any reportable accidents/incidents are reported and discussed, with a full report back to full board of trustees, via our health and safety trustee (Nick Dale).

The school will review the policy at least annually and ensure that the necessary legal standards are being met.

Policy reviewed:	January 2023
Reviewed by:	Business and Finance Director
Review date:	Spring term 2024
Approved by:	Trust Board – 27.02.2023