

Medical Conditions Policy

Fairfax Multi-Academy Trust

Document Owner:	Mr Martyn Jobling, Director of Education
Ratified By:	Education Committee
Date Ratified:	December 2021
Review Date:	September 2023



Contents	Page
Introduction	3
Parents / carers	3
Students	4
The Board of Directors/ Academy Associations	4
Head of Academy	4
Teachers and Other Academy Staff	5
Other Health Professionals	5
Short Term Medical Needs	5
Long Term Medical Needs	6
Administering Medication	6
Refusing Medication	7
Individual health care/management plan	8
Academy health care plan register	8
Ongoing communication and review of individual health care/management plans	8
Storage and access to individual health care/management plans	8
Use of individual health care/management plans	9
Education and Learning	9
Sporting Activities	10
Physical environment	10
Social Interactions	10
Academy visits/residential visits/work experience	11
Confidentially	11
Storage of medication in the academy	12
Disposal of Medicines	12
Hygiene/infection control	12
Emergency Procedures	13
Complaints	13

1. Introduction

- 1.1.** Fairfax Multi-Academy Trust (FMAT) has a responsibility to make all of its' academies welcoming and supportive to students with medical conditions and those that may attend in the future.
- 1.2.** This policy relates to:
 - 1.2.1.** 'Supporting Pupils at School with Medical Conditions' DFE - April 2014
 - 1.2.2.** The Children Act – 2004
 - 1.2.3.** The Equality Act – 2010
- 1.3.** FMAT is an inclusive community that aims to support and welcome students with medical conditions, to ensure that all students have the same opportunities as each other. Most students will, at some time, have a medical condition that may affect their participation in academy activities. For many this will be short term. Other children have medical conditions that, if not properly managed, could limit their access to education. These students are regarded as having medical needs. Most of these children will be able to attend their academy regularly and take part in normal academy activities. FMAT academies will make reasonable adjustments in line with the Equalities Act 2010 to ensure that students with long term medical needs have their educational needs met.

2. Parents/carers

- 2.1.** Parents, as defined in the Education Act 1994, are a child's main carers. They are responsible for making sure that their child is well enough to attend their academy. Children should be kept at home when they are acutely unwell.
- 2.2.** Parents/carers have a duty to:
 - 2.2.1.** Provide their child's Academy with sufficient information about their child's medical condition, medical treatment/special care needed at the academy (emergency contact numbers, names and contact details of GP, details of hospital consultants, medicine details, and allergies).
 - 2.2.2.** Reach an agreement, with the Academy, on the academy's role in assisting with their child's medical needs. In some cases this will be the formation of an individual health care/management plan.
 - 2.2.3.** Ensure that all medication is within use-by-date.
 - 2.2.4.** Inform the academy if there are any changes to their child's condition.
 - 2.2.5.** Inform the academy of any medication their child requires while taking part in offsite activities.
- 2.3.** Where parents/carers have difficulty understanding or supporting their child's medical condition themselves, the Local Health Authority can often provide additional assistance.
- 2.4.** Parents' /carers' religious and cultural views should always be respected.

3. Students

3.1. All FMAT students have a responsibility to:

- 3.1.1.** Treat other students, with and without a medical condition, equally.
- 3.1.2.** Tell their parent/carer, teacher or nearest staff member when they are not feeling well.
- 3.1.3.** Let a member of staff know if another student is feeling unwell.
- 3.1.4.** Not carry any medicine on their person, unless agreed as part of their health care/management plan.
- 3.1.5.** Not let any student take their medication.
- 3.1.6.** Treat all medication with respect.
- 3.1.7.** Know how to gain their medication in an emergency.
- 3.1.8.** Ensure a member of staff is called in an emergency situation.

3.2. If mature enough, and if specified in their individual health care/management plan, students will know how to take their own medication.

4. The Board of Directors and Academy Association

4.1. The Directors/Associates have a duty to:

- 4.1.1.** Ensure the health and safety of their employees and anyone else on the premises or taking part in Trust/academy activities (this includes all students). This responsibility extends to those staff and others leading activities taking place offsite, such as visits, outings or field visits.
- 4.1.2.** Ensure health and safety policies and risk assessments are inclusive of the needs of students with medical conditions.
- 4.1.3.** Ensure the Medical Conditions Policy is effectively monitored and evaluated and regularly updated.
- 4.1.4.** Provide indemnity for staff who volunteer to administer medication to students with medical conditions.
- 4.1.5.** Ensure that insurance arrangements provide cover as appropriate, that the procedures outlined in this policy are followed, and that any necessary training is made available to staff.

5. The Head of Academy

5.1. The Head of Academy is responsible for implementing the Medical Conditions Policy in practice and for developing detailed procedures. When teachers volunteer to give students help with their medical needs, e.g. use of an emergency EpiPen, the Head of Academy should agree to their doing this, and must ensure that teachers receive proper support and training where necessary.

5.2. The Head of Academy delegates, as appropriate, day to day decisions about administering medication.

5.3. The Head of Academy is also responsible for:

- 5.3.1.** Making sure parents/carers are aware of the FMAT Medical Conditions Policy, and procedures for dealing with medical needs.



- 5.3.2.** Arranging appropriately trained cover when the member of staff responsible for students with medical needs is absent or unavailable.
- 5.3.3.** Ensuring all supply teachers and new staff know the Medical Conditions Policy.
- 5.3.4.** Delegating a staff member to check the expiry date of medicines kept at the academy and to maintain the academy medical conditions register.
- 5.3.5.** Monitoring and reviewing the policy at least once a year, with input from students, parents/carers, staff, associates and external stakeholders.

6. Teachers and other academy staff

- 6.1.** All FMAT staff have a responsibility to:
 - 6.1.1.** Understand the FMAT Medical Conditions Policy.
 - 6.1.2.** Know which students have medical needs/Individual health care/management plans in their class; understand the nature of the condition and what to do should the student need extra attention.
 - 6.1.3.** Know that medication, should usually only be administered in an appropriate designated place by staff who have appropriate training, except in an emergency situation.
 - 6.1.4.** Allow all students to have immediate access to their emergency medication.
 - 6.1.5.** Ensure that students with medical conditions are not excluded unnecessarily from activities they wish to take part in.
 - 6.1.6.** Be aware of the potential triggers, signs and symptoms of common medication conditions and know what to do in an emergency.
 - 6.1.7.** Be aware that medical conditions can affect a student's learning and therefore will provide appropriate extra support as necessary. For example, teachers will provide work for students who are unwell, as appropriate.
 - 6.1.8.** First aiders will give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the academy. The first aid statement gives further information regarding this.

7. Other health professionals

- 7.1.** FMAT staff will receive support and advice, as necessary, from the following, in conjunction with meeting the needs of students with medical needs:
 - 7.1.1.** The Local Health Authority e.g. physiotherapists.
 - 7.1.2.** The School Nurse Service.
 - 7.1.3.** The General Practitioner (GP), with the consent of the child's parents/carers.

8. Short term medical needs

- 8.1.** At times, it may be necessary for a child to finish a course of medication during academy hours. However, where possible, parents will be encouraged to administer medicine outside of academy hours. If medicine is to be administered during academy hours, parents/carers must complete a request for administration of



medicine. No student should self-medicate unless agreed within their health care/management plan.

- 8.2.** Academy staff will not give non-prescribed medication to children except in special cases after a conversation with parents/carers. All medication must be kept at reception and not carried by the student.
- 8.3.** In the case of children suffering regularly from acute pain, such as a migraine, the parents will authorise and supply appropriate painkillers together with written instruction from their GP about when the student should take the medication.
- 8.4.** A member of staff will supervise the student taking medication, keeping a log of all medication taken and keeping parents informed.

9. Long term medical needs

- 9.1.** If a student has any long-term medical needs then the Academy, in conjunction with the appropriate outside agencies and parents/carers, will produce an individual health care/management plan.

10. Administering medication

- 10.1.** No student will be given medicine which has not been prescribed by a doctor and covered by a parental consent sheet that has been signed and dated.
- 10.2.** The academy will administer some over the counter medicines without a prescription only with signed consent from the parents and agreed by the academy. These include antihistamines and paracetamol. No child under the age of 16 will be given aspirin unless this has been prescribed by a doctor.
- 10.3.** The prescribed medications must be in their original container as dispensed by the chemist and will only be given if the parent / carer has given written consent for this to happen. This consent should include:
 - 10.3.1.** Name of medication.
 - 10.3.2.** Size and frequency of dosage.
 - 10.3.3.** Method of administration.
 - 10.3.4.** Any other treatment required.
 - 10.3.5.** Any side effects.
- 10.4.** In the case of doubt about the permission in 10.1 and/or 10.2 the medication should not be given before advice from the parent or suitable medical practitioner has been obtained.
- 10.5.** Before administering medication the member of staff should check;
 - the child's identity
 - that there is written consent from a parent/carers
 - that the medication name and strength and dose instructions match the details on the consent form
 - that the name on the medication label is that of the child being given the medication
 - that the medication to be given is in date

- that the child has not already been given the medication / the last time it was given.
- 10.6.** Staff must check the last time the medication was given and adhere to the manufactures instructions. Staff will complete a record of each time they give medication to a student. In such circumstances wherever possible, the dosage and administration will be witnessed by a second adult.
- 10.7.** If students can take their medication themselves, staff will supervise this, bearing in mind the safety of other students. Written parental consent is necessary for this.
- 10.8.** Only staff who have had appropriate training will be able to administer medications
- 10.9.** Staff will complete a record of each time they give medication to a student. In such circumstances, wherever possible, the dosage and administration will be witnessed by a second adult.
- 10.10.** AAI (Adrenaline auto injector) e.g. an EpiPen:
 - 10.10.1.** Students should carry their own AAI, which should be clearly labelled with their name, in case of loss during the school day.
 - 10.10.2.** A separate in date AAI must be kept in Reception in case of emergency.
 - 10.10.3.** The academy will have their own supply of an AAI also for emergency. These can be administered in an emergency situation as long as the parents have completed the appropriate paperwork.
 - 10.10.4.** Only the acsdemey emergency AAI can be used in the absence of a child's own AAI as stated in their are plan sign my parents/ carers or as guided by the 999 call.
 - 10.10.5.** In the event of a possible severe allergic reaction in a student who does not meet these criteria, emergency services (99) should be contacted and advice sought from them as to whether to administration of the spare emergency AAI is appropriate.
- 10.11.** Inhalers:
 - 10.11.1.** Students may carry their own inhalers, which should be clearly labelled with their name, in case of lost or misplacement during the day.
 - 10.11.2.** A spare reliever inhaler (blue) should be kept in reception.

11. Refusing medication

- 11.1.** If a child refuses to take medication, academy staff will not force them to do so. The academy will inform the child's parents/carers as a matter of urgency. If necessary, the academy will call the emergency services.



12. Individual health care/management plan

- 12.1.** These plans enable the academy to identify the level of support that is needed within the academy and will list any reasonable adjustments that need to be made.
- 12.2.** Those who may need to contribute to the plan are:
 - 12.2.1.** The parent/carer.
 - 12.2.2.** The child (if sufficiently mature).
 - 12.2.3.** Educational Welfare Officer.
 - 12.2.4.** Staff who have agreed to administer medication or be trained in emergency procedures.
 - 12.2.5.** The academy SENCO.
 - 12.2.6.** The school nurse service, the child's GP or other health care professionals.
 - 12.2.7.** Individual health care/management plans should be monitored regularly and reviewed annually.
- 12.3.** Each individual health care/management plan addresses support when students who have been off school for a prolonged period of time are supported back to full time education.
- 12.4.** Where a child has an EHC plan, the individual health care/management plan is linked to this and reviewed at each SEND parental meeting. In the absence of an EHC, the individual health care/management plan will be reviewed at least once a year by the Head of Year/SENCO/Premises Manager.

13. Academy health care plan register

- 13.1.** Individual health care/management plans are used to create a centralised register of students with medical needs. An identified member of staff has responsibility for the register at each Academy.
- 13.2.** The responsible member of staff follows up with the parents/carers any further details on a student's individual health care/management plan required or if permission for administration of medication is unclear or incomplete.

14. Ongoing communication and review of individual health care/management plans

- 14.1.** Parents/carers are regularly reminded by their child's academy to update their child's individual health care/management plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- 14.2.** Every student with an individual health care/management plan has their plan discussed and reviewed at least once a year.

15. Storage and access to individual health care/management plans

- 15.1.** Parents/carers and students are provided with a copy of the student's current agreed individual health care/management plan by the academy.



- 15.2.** Individual health care/management plans are kept in a secure central location at the academy.
- 15.3.** Apart from the central copy, information is also displayed in the first aid room and reception, including a photograph, details of the condition and what to do in an emergency (agreed by the student and parents/carers). These copies are updated at the same time as the central copy.
- 15.4.** All members of staff who work with groups of students have access to the individual health care/management plan of students in their care.
- 15.5.** When a member of staff is new to a student group, for example due to staff absence, the academy makes sure that they are made aware of (and have access to) the individual health care/management plans of students in their care. Plans are made available through SIMs.
- 15.6.** Academies will ensure that all staff protect student confidentiality.
- 15.7.** Academies will seek permission from the student and parents/carers before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

16. Use of individual health care/management plans

- 16.1.** Individual health care/management plans are used by each academy to:
 - 16.1.1.** Inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care.
 - 16.1.2.** Identify common or important individual triggers for students with medical conditions at the academy that bring on symptoms and can cause emergencies. The academy uses this information to help reduce the impact of common triggers.
 - 16.1.3.** Ensure the academy's local emergency care services have a timely and accurate summary of a student's current medical management and health care in the event of an emergency.
 - 16.1.4.** Remind parents/carers of students with medical conditions to ensure that any medication kept at academy for their child is within its expiry dates. This includes spare medication.

17. Education and learning

- 17.1.** FMAT ensures that students with medical conditions can participate in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- 17.2.** If a student is missing a lot of time because of their medical condition then they may have limited engagement or frequently feel tired. All staff should understand this.



- 17.3.** Students with medical conditions who are finding it difficult to keep up with their studies are referred to the SENCO. The SENCO will consult with the student, parents/carers and the student's health care professional to ensure the effect of the student's condition on their school work is properly considered.

18. Sporting activities

- 18.1.** Students with medical needs should be encouraged to take part in sporting activities appropriate to their own abilities. PE staff/coaches have the additional responsibility to:
- 18.1.1.** Make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.
 - 18.1.2.** Understand that students should not be forced to take part in an activity if they feel unwell.
 - 18.1.3.** Be aware of students in their care who have been advised to avoid or to take special precautions with particular activities.
 - 18.1.4.** Be aware of the potential triggers for students' medical conditions when exercising and how to minimize these triggers.
 - 18.1.5.** Ensure all students with medical conditions are actively encouraged to take part in out-of-academy clubs and team sports.
 - 18.1.6.** Be aware that any restrictions on a student's ability to participate in PE will be included in their individual health care/management plan.
 - 18.1.7.** Understand that some students may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication, if necessary.
 - 18.1.8.** PE staff/coaches should be aware of relevant medical conditions and emergency procedures.

19. Physical environment

- 19.1.** The Trust is committed to:
- 19.1.1.** Providing a physical environment that is accessible to students with medical conditions. Students with medical conditions are included in the consultation process to ensure the physical environment at this academy is accessible as outlined in the equality policy.
 - 19.1.2.** An accessible physical environment includes offsite visits. The Trust recognises that this sometimes means changing activities or locations.

20. Social interactions

- 20.1.** The needs of students with medical conditions will be adequately considered, to ensure their involvement in structured and unstructured social activities, including during breaks, and before and after the academy day.



- 20.2.** The needs of students with medical conditions will be adequately considered, to ensure they have full access to extended academy activities.
- 20.3.** Ensure that all staff are aware of the potential social problems that students with medical conditions may experience. They use this to try to prevent and deal with problems in accordance with the Anti-Bullying Policy and the Behaviour and Discipline Policy.

21. Academy visits/residential visits/work experience

- 21.1.** Staff supervising visits should be aware of any medical needs, and relevant emergency procedures. A risk assessment should be completed before the visit goes ahead in line with the Educational Visits and Transport Policy. Any medical conditions will be considered during this process. Examples of factors the academies consider include how all students will be able to access the proposed activities, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
- 21.2.** The Trust's academies understand that there may be additional medication, equipment or other factors to consider when planning residential visits. The academy considers additional medication, training and facilities that are normally available at the academy.
- 21.3.** Risk assessments are carried out before students start any work experience or offsite educational placement. It is the individual academy's responsibility to ensure that the placement is suitable, including the suitability of travel to and from the venue for the student. Permission is sought from the student and their parents/carers before any medical information is shared with an employer or other education provider.
- 21.4.** Sometimes an additional member of staff might accompany a particular visit or activity. If staff have concerns about whether they can provide for a student's safety, or the safety of other students on a visit, they should discuss this with the identified visit leader for that particular visit, who may seek medical advice from the school nurse service or the child's GP/consultant, or the individual child.
- 21.5.** A first aid kit should be readily available for all visits and sporting activities.
- 21.6.** There may be a need for individual medication to accompany a child on a visit.

22. Confidentiality

- 22.1.** Each academy will treat medical information confidentially. The Head of Academy or staff with delegated responsibility will agree with parents/carers who will have access to records and information about a student (if information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith).

23. Storage of medication in the academy

- 23.1.** Where practical, the parent/carer or child will be asked to bring in the required dose each day. When the academy stores medicine it will be labelled with the name of the student, the name and dose of the drug and the frequency of the administration.
- 23.2.** All medicines will be stored in a locked and clearly labelled cupboard in First Aid Room and only named staff will have a key for this.
- 23.3.** Where a student needs two or more prescribed medicines, each should be kept in a separate container.
- 23.4.** Students should know where their medication is stored, but only access it under supervision.
- 23.5.** Asthma inhalers and EpiPens are allowed to be carried by the students where appropriate.
- 23.6.** Asthma inhalers will be kept in the academy for emergency use.
- 23.7.** Three times a year the identified members of staff check the expiry dates for all medication stored at academy.
- 23.8.** The identified members of staff, along with the parents/carers of students with medical conditions, ensure that all emergency and non-emergency medication brought in to academy is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.
- 23.9.** Medication is stored in accordance with instructions, paying particular note to temperature. Some medication for students at the academy may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised students or lockable as appropriate.
- 23.10.** It is the parent's/carer's responsibility to ensure new and in-date medication comes into the academy on the first day of the new academic year.

24. Disposal of medicines

- 24.1.** Parents/carers are responsible for disposal of date-expired medicines. Uncollected medicines will be disposed of by the academy.
- 24.2.** Sharps boxes should be used for the disposal of needles and other sharp objects, and then disposed of using health care guidelines.

25. Hygiene/infection control

- 25.1.** Staff should follow basic hygiene procedure. Staff should use protective disposable gloves and take care when dealing with blood or other body fluids and disposing of dressing or equipment.



26. Emergency procedures

- 26.1.** Allocated staff have regular first aid training, and know how to call the emergency services.
- 26.2.** A student taken to hospital by ambulance will be accompanied by a member of staff until the student's parents/carers arrive.

27. Complaints

- 27.1.** Should parents/carers or students be dissatisfied with the support provided, they should discuss their concerns directly with the academy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the FMAT Complaints Procedure.