



Supporting Students with Medical Conditions Policy

Staff reviewer:	Scrutinised by link Governor:	Date signed off at Committee:	Date approved at Board:	Next review date:
Joe Rowing	Jenny long	23 May 2022	NA	Jan 2024

1. Purpose

Exeter Mathematics School is committed to supporting students with medical conditions. This policy is in place to ensure that:

- Students with medical conditions are properly supported and have full access to EMS education, including off-site activities
- Arrangements are in place to support students with medical conditions
- Staff consult with medical professionals, students and parents to ensure that the needs of the students with medical conditions are properly understood and the students receive effective support.

2. Definitions

EHCP Education Health Care Plan (replacing the statement of educational needs)

SEND Special Education Needs and Disabilities

IHP Individual Healthcare Plan

ILP Individual Learning Plan

3. Policy

Students with medical conditions should be supported effectively to ensure that they are able to make academic progress and feel safe in school.

3.1 Notification of Need

To ensure that students' needs are properly understood, those with a medical condition are asked to complete a medical condition disclosure form. Staff will then consult with the students, their parents and medical professionals as appropriate to determine the level and type of support necessary for them to thrive.

If the school is notified of a medical condition prior to enrolment, consultation will take place before the start of the school year and EMS will endeavour to ensure the appropriate support is put in place. This may include contact with the student's previous school, thus enabling an effective transition to EMS. Students at EMS requiring adjustment to meet their needs should let the school know through the SENCO who will respond promptly.

3.2 Individual Healthcare Plans (IHP)

Following consultation, if a student's condition is sufficiently complex or long-term, an IHP will be written and implemented. If an IHP is deemed necessary, healthcare professionals will be consulted regarding the content and implementation.

The IHP will contain clear information for staff, making responsibilities clear, including what should be done in an emergency situation. This will be shared with appropriate school staff to ensure that the student's needs are effectively met. IHPs will be reviewed at least annually and more frequently if it is judged to be necessary.

For students that do not require an IHP, a clear register of need and responsibilities for support will be kept and will be reviewed and updated annually.

It is important to recognise that different students with the same medical condition may have very different support needs. The use of IHPs must be determined for each individual. The views of healthcare professionals, parents and students must not be ignored when determining the level and type of support that is needed in school.

3.3 Students with SEND

If a student has additional SEND, these will be considered together with medical needs to ensure that an appropriately robust plan of support exists to meet all the needs of the student. The student's ILP will refer to the IHP and vice versa.

3.4 Staff Training and Development

All members of staff who are involved in the support of students with a medical conditions will be informed of students' needs and their own responsibilities. EMS will endeavour to ensure that staff will receive training and support to enable them to fulfil their duty when the need arises.

Training needs of staff will be identified when IHPs are written, through consultation with healthcare professionals. A matrix of needs and staff experience / prior training will be used to pinpoint competencies in need of development.

Whole school training may be necessary to raise awareness of a particular student's needs. When this is the case, this may be conducted by healthcare professionals or individuals from other agencies that they have recommended. The student and his / her family may also provide information and advice but should not be relied upon to measure staff competencies. If staff are required to administer prescription medicines or complete healthcare procedures, they must first be trained and judged competent. EMS will use it's best endeavours to provide, or arrange the provision of, the appropriate training to support the needs of each particular and individual student with medical needs. This is, however, subject to the availability of training, and adequate notice of the need to provide specific training.

3.5 Management of Medicines

In the majority of cases, students should not be administered medicines at school. Students should have medicines in school ONLY when it would be detrimental to either their health or attendance not to do so.

The school will accept prescribed medicines only if they are in-date, labelled, provided in their original container and include instructions for administration, dosage and storage.

Staff should never routinely administer prescription medication without prior training. Only in exceptional circumstances will school staff administer medicines: the majority of students will be able to self-medicate.

Students must never be given aspirin, paracetamol or other painkillers (even if a parent consents), or medication containing aspirin, unless prescribed by a doctor.

It may be appropriate for parents to administer medicine for their child but this must never be a requirement: parents should not be prevented from working to enable their child to attend EMS.

No child under 16 should be given any medication without their parents' consent.

No student should be prevented from accessing their medication easily, as and when necessary.

Medicines will be kept in the school first aid room, which is always unlocked. Prescribed medication will be locked in a cupboard within this room and a key for this cupboard is held at reception. Emergency medication, such as inhalers, will be kept in an unlocked cupboard (in the majority of cases, students will hold their own emergency medication but must understand the importance of not passing it on to another student).

If students need medication to be kept in a fridge, this will be stored in the administration office. When locked, students will be able to gain access from either the Business Manager, Deputy Headteacher or Headteacher.

When any drugs are administered by school staff, a record will be kept, stating what drug was administered, along with details of how, when and by whom it was administered. Any short term side effects should also be noted. The person administering the medication must complete all details on a medical administration form which must then be kept securely by the school. The form should be completed at the time of administering the medication.

When medicines are no longer required, they will be returned to the student (or parent if the student is under 16 years of age) for safe disposal.

3.6 Off Site Activities

Students with medical conditions should not be prevented from taking part in off-site activities. The school will always make reasonable adjustments to activities to enable a student with medical needs to take part.

Members of staff who organise off-site activities must consider the student's needs and associated risks within their risk assessment to ensure that the student is safe. This may require consultation with the student's parents, GP or other health workers.

3.7 Students Taken Ill and Emergencies

It is important to support students to stay in school as much as possible. If a student is taken ill during the school day or in accommodation they should be cared for in line with the advice and guidance contained in their IHP and whenever possible, supported to return to lessons/stay rather than being sent home immediately.

Under no circumstances should students be sent unaccompanied to the first aid room. A responsible adult must always be available to support the student and monitor his/her condition.

For students with serious conditions, the IHP should outline the process to be followed in an emergency. This should be readily available to all staff and must be followed.

3.8 Wellbeing

We recognise that students with medical conditions may experience increased anxiety, embarrassment and isolation. The school will consider the broader support needs of a student when implementing an IHP and will ensure the student is aware of the range of support available to meet his/her needs.

4. Responsibility for Implementation

Governors: It is the responsibility of the governing body to ensure that an effective policy is in place and is implemented. A link governor will be assigned to review the policy biannually and to audit its implementation.

Deputy Headteacher The Deputy Headteacher will ensure that an effective policy is developed and implemented in consultation with partners (Exeter College, Health Professionals etc.). The Deputy Headteacher must also ensure that all staff (including relevant staff from Exeter College) are aware of the policy and have received sufficient training to be able to implement it effectively. The Deputy Headteacher has overall responsibility for the development of IHPs.

All Staff Any member of school staff may provide support to students with medical conditions. All members of staff should know what to do and should respond appropriately when they become aware that a student with a medical condition requires help. All members of staff should take part in training to ensure that they are competent to take on the responsibility of supporting a student with medical needs.

Students Students with medical conditions should provide accurate information about their condition and take a leading role in the discussions regarding their support. Whenever possible, students should take a lead in managing their own medical needs. All students should be sensitive to one another's needs and should be supportive.

Parents Parents may be required to provide sufficient and up-to-date knowledge regarding medical conditions, particularly when a student is unable to do so. They are key partners in the formulation and implementation of IHPs.

Healthcare EMS will strongly support and encourage GPs, nurses and other healthcare professionals who are involved with a student's needs, to take an active role.

5. Confidentiality

All parties involved in medical procedures must ensure that they maintain, within safeguarding guidance, the confidentiality of the students within and outside the School.

6. Associated Documents

SEND Policy
Medical Condition Notification Form
IHP Template

7. Equality Analysis

The following equality analysis section should be completed by the policy holder as part of every policy review and carries the same date as the main policy. EAs are particularly helpful in revealing any unintended, indirect discrimination.

Under the Equality Act (2010) we have a duty to;

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

We need to consider each protected characteristic individually and in combination. The interaction of different layers of characteristics is called intersectionality. This recognises that the barriers for each group are not homogenous, and instead are a combination of layers of identity interacting. For further detail or to support the completion of the following, please see our equality and diversity policy.

1. Evidence considered <i>What data or other information have you used to evaluate if this proposal is likely to have a positive or an adverse impact upon protected groups when implemented? Where were information gaps, and what steps can you take to remedy these gaps? Can the RM intelligence Dashboard (student counts) provide any insight into which protected characteristics are likely to be affected by the changes?</i>
2. Consultation. <i>How have you consulted staff and student communities and representatives including those from protected groups? What were their views? Who else has been consulted in this proposal?</i>
3. Promoting equality. <i>Does this policy have a positive impact on equality? What evidence is there to support this? Could it do more?</i>
4. Identifying the impact of policies Identify any issues in the document which could have an adverse impact on any people who are protected by the Equality Act 2010. The protected characteristics are: <ol style="list-style-type: none">1. Age2. Disability3. Gender reassignment4. Marriage and civil partnership5. Pregnancy and maternity

- 6. Race
- 7. Religion or beliefs
- 8. Sex
- 9. Sexual orientation

Issue Assessed <i>E.g. policy section or practice.</i>	Protected Group	Impact and Evidence <i>What are the possible impacts on people from the protected groups above, and explain how you have made that assessment. Are these impacts positive or negative?</i>	Justification <i>Can the issue be justified for academic or business reasons? Please explain.</i>	Proposed Action/Timeline <i>If this has a negative impact, what will you do to reduce, minimise or eliminate negative impact? If this has a positive impact, how will you promote, develop or utilise this opportunity?</i>	Person responsible for action(s)
All	Disability (medical)	No current students are supported by this policy			

5. **Monitoring** How will you monitor the actual impact that your proposal has had following its implementation? When will you do this?

6. **Summary** Summarise the outcome of this Equality Assessment, and state any actions you will be taking as a result.