



Medical Conditions Policy

November 22

Equality Impact Assessment Form

To be completed by document author / lead person

Title of document		Medical Conditions Policy			
Organisation / Site	New Bridge Multi Academy Trust/ Samuel Laycock School	Person completing form	K Cochran	Date	7/11/22
Does the process affect one group less or more favourably than another on the basis of:					Yes / No
Age refers to a person belonging to a particular age					No
Disability A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.					No
Gender reassignment The process of transitioning from one gender to another.					No
Marriage and civil partnership Marriage and civil partnership means someone who is legally married or in a civil partnership. Marriage can either be between a man and a woman, or between partners of the same sex. Civil partnership is between partners of the same sex.					No
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding					No
Race Race can mean your colour, or your nationality (including your citizenship). It can also mean your ethnic or national origins, which may not be the same as your current nationality. For example, you may have Chinese national origins and be living in Britain with a British passport. Race also covers ethnic and racial groups. This means a group of people who all share the same protected characteristic of ethnicity or race.					No
Religion and belief Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.					No
Sex A man or a woman.					No
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.					No
If you have identified potential discrimination, please explain how the exception is valid, legal and/or justified? enter					

To be completed by EIA Lead

If potential discrimination has been identified, are the exceptions valid, legal and/or justified?		N/A
Does this policy / service / procedure need adjusting to remove any disadvantage identified or to better promote equality?		No
Impact Assessment Result (See tool below)	Low impact	
Date assessed.	7/11/22	
High Impact The policy or process has a major impact on equality	Medium Impact The policy or process has an impact on equality	Low Impact The policy or process might have an impact on equality
There is significant potential for, or evidence of adverse impact.	There is some evidence to suggest potential for, or evidence of adverse	There is little evidence to suggest that the policy could result in adverse

<p>The policy has consequences for or affects significant numbers of people</p>	<p>impact.</p> <p>The policy has consequences for or affects some people</p>	<p>impact</p> <p>The policy has consequences for or affects few people</p>
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1. Purpose

- 1.1. New Bridge Multi Academy Trust is an inclusive community that welcomes and supports pupils with medical conditions. Our schools provide all pupils with any medical condition the same opportunities as others at school.
- 1.2. We will help to make sure they can:
 - 1.2.1. Be healthy
 - 1.2.2. Stay safe
 - 1.2.3. Make a positive contribution
 - 1.2.4. Enjoy and achieve
 - 1.2.5. Be successful once they leave school
- 1.3. The school makes sure all staff understand their duty of care to children and young people in the event of an emergency
- 1.4. The school will make sure all our staff feel confident in knowing what to do in an emergency.
- 1.5. Our schools will understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.
- 1.6. Our schools understand the importance of medication and care being taken as directed by healthcare professionals and parents.
- 1.7. All our staff understand the medical conditions that affect pupils at our schools. Staff receive training on the impact medical conditions can have on pupils.

2. Scope of Policy

- 2.1. This policy applies to all Trust employees.
- 2.2. Trustees will ensure that arrangements are in place to support young people with medical conditions. In doing so they will ensure that young people as far as reasonably practical can access and enjoy the same opportunities as any other young person.
- 2.3. Trustees will ensure that staff are properly trained to provide the support that young people need.

3. Reason for Review

- 3.1. This policy was reviewed following an external medications audit.

4. Aim(s)

- 4.1. Our medical conditions policy describes how our schools will meet the needs of children and young people with long-term conditions including diabetes.

5. Procedures and Practice

- 5.1. Our schools are an inclusive community that support and welcome pupils with medical conditions.
 - 5.1.1. We provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils.

- 5.1.2. No child will be denied admission or prevented from taking up a place in one of our schools because arrangements for their medical condition have not been made.
 - 5.1.3. The school will listen to the views of pupils and parents.
 - 5.1.4. Pupils and parents should feel confident in the care we provide and that the level of that care meets their needs.
 - 5.1.5. Staff understand the medical conditions of pupils at our schools and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
 - 5.1.6. All staff understand their duty of care to children and young people and know what to do in an emergency.
 - 5.1.7. The whole of our schools and local health community understand and support the medical conditions policy.
 - 5.1.8. Our schools understand that all children with the same medical condition will not have the same needs.
 - 5.1.9. As schools in England we will meet the duties in the Children and Families Act and the Equality Act relating to children with disability or medical conditions. We recognise these acts are anticipatory.
- 5.2. Our Trust's medical conditions policy has been created with input from different groups.
- 5.2.1. Pupils, parents*, school nurses, school staff, governors, the school employer (in the case of academies and free schools) and relevant local health services have all been asked to contribute.
 - 5.2.2. The term 'parent' implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority.
- 5.3. The medical conditions policy is supported by a clear communication plan for staff, parents and others to make sure it's carried out fully.
- 5.3.1. Pupils, parents and relevant local healthcare staff are informed of and reminded about the medical conditions policy through clear communication channels.
- 5.4. All staff understand and are trained in what to do for children with medical conditions. This is person-centred to each child's need to enable them to follow the HCP provided by the health professional. Once training has been received, competency assessment achieved.
- 5.4.1. All school staff, including temporary or supply staff, are aware of the medical conditions at the school and understand their duty of care to pupils in an emergency.
 - 5.4.1.1. All staff receive training in what to do in an emergency and this is refreshed at least once a year.
 - 5.4.1.2. All children with a medical condition at our schools have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing it within emergency care settings.



- 5.5. All staff understand and are trained in the school's general emergency procedures.
 - 5.5.1. All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.
 - 5.5.2. If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car

- 5.6. This Trust has clear guidance on providing care and support and administering medication at school.
 - 5.6.1. The school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
 - 5.6.2. The school will make sure that there are several members of staff who've been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary.
 - 5.6.3. The school will make sure there are enough staff trained to cover any absences, staff turnover and other circumstances. The school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
 - 5.6.4. The school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances. Every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.
 - 5.6.5. When giving medication, for example pain relief, the school will check the maximum dosage and when the previous dose was given. Parents will be informed. The school will not give a pupil under 16 aspirin unless prescribed by a doctor.
 - 5.6.6. The school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
 - 5.6.7. Parents understand that they should let the school know immediately if their child's needs change.
 - 5.6.8. If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

- 5.7. Schools in our Trust have clear guidance on the storage of medication and equipment at school.
 - 5.7.1. The school makes sure that all staff understand what an emergency is for an individual child and makes sure that emergency medication or equipment is easily available wherever the child is in the school or on off-site activities, and is not locked away.
 - 5.7.2. Pupils may carry their emergency medication with them if they wish and if it's appropriate. Pupils may carry their own medication and equipment, or they should know exactly where to get it from.
 - 5.7.3. Pupils can carry controlled drugs if they're able to look after them properly. If not, the school will store them securely but accessibly. Only named staff should have access to them. Only specially trained staff can give a controlled drug to a pupil.
 - 5.7.4. The school will make sure that all medication is stored safely, and that pupils with medical conditions know where it's stored and have immediate access to it at all times. The school will store medication that is in date and labelled in its original container where possible, in



- accordance with its instructions. The exception to this is insulin, which must still be in date, but will generally be supplied in an insulin injector pen or a pump.
- 5.7.5. Parents are asked to collect all medications and equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- 5.7.6. The school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures. It is the parents' responsibility to supply and dispose of the sharps boxes as chemists will not take these off schools directly.
- 5.8. Schools in our Trust have clear guidance about record keeping.
- 5.8.1. Parents at the school are asked if their child has any medical conditions on the enrolment form.
- 5.8.2. The school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- 5.8.3. The school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- 5.8.4. IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- 5.8.5. The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- 5.8.6. The school makes sure that the pupil's confidentiality is protected.
- 5.8.7. The school seeks permission from parents before sharing any medical information with any other party.
- 5.8.8. The school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- 5.8.9. The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- 5.8.10. The school makes sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse, school nurse or other suitably qualified healthcare professional or the parent. The specialist nurse, school nurse or other suitably qualified healthcare professional will confirm their competence, and the school keeps an up-to-date record of all training undertaken and by whom.
- 5.9. The school makes sure the whole school environment is risk assessed and suitable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
- 5.9.1. The school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are asked about what will help make the school accessible to them. The school



- is also committed to providing an accessible physical environment for out-of-school activities.
- 5.9.2. The school makes sure the needs of pupils with medical conditions are adequately considered so they can take part in structured and unstructured activities, extended school activities and residential visits.
 - 5.9.3. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities in lessons to raise awareness of medical conditions to help promote a positive environment.
 - 5.9.4. The school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
 - 5.9.5. The school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
 - 5.9.6. The school makes sure that pupils have the appropriate medication, equipment and food with them during physical activity.
 - 5.9.7. The school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
 - 5.9.8. All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. The school will not penalise pupils for their attendance if their absences relate to their medical condition.
 - 5.9.9. The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the school's special educational needs coordinator (known as a SENCO) or equivalent who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
 - 5.9.10. Pupils at the school learn what to do in an emergency.
 - 5.9.11. The school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.
- 5.10. Schools in our Trust are aware of the common triggers that can make medical conditions worse or can bring on an emergency. The Trust is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.
- 5.10.1. The school is committed to identifying and reducing triggers both at school and on out-of-school visits.
 - 5.10.2. School staff have been given training and written information on medical conditions which includes avoiding or at least reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at the school, has a plan to reduce potential triggers and is actively working towards reducing and trying to eliminate these health and safety risks.



- 5.10.3. The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- 5.10.4. The school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.
- 5.11. Each member of the Trust and health community knows their roles and responsibilities in maintaining and carrying out an effective medical conditions policy.
 - 5.11.1. The school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to make sure that the policy is planned, carried out and maintained successfully.
 - 5.11.2. The roles and responsibilities for all relevant parties can be found at www.diabetes.org.uk/schools
- 5.12. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.
 - 5.12.1. In evaluating the policy, the Trust seeks feedback from staff, pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the Trustees. Listening to what pupils think of the policy is an important part of evaluating it.

6. Sources and references

- 6.1. www.diabetes.org.uk/schools
- 6.2. Health needs – asthma, epilepsy,
- 6.3. Supporting children in schools with medical needs DFE

7. Other useful documents

- 7.1. Administering Medications Policy
- 7.2. First Aid policy
- 7.3. Epilepsy Policy
- 7.4. Allergies & Asthma Policy
- 7.5. Diabetes Protocols
- 7.6. Gastronomy Protocols
- 7.7. Oral Suctioning Protocols
- 7.8. September Training Protocols
- 7.9. VNS Protocols

8. Monitoring

- 8.1. This policy will be monitored through the accountability framework.

