

Hazelwick School policy on supporting students with Medical Conditions

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1. Aims

This policy aims to ensure that:

- Students, staff and parents understand how our school will support students with medical conditions
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities

The governing body, SLT and wider staff will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of a student's condition, where appropriate
- Making sure that there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting Students at School with Medical Conditions.

3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility for making 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 children with medical conditions.

3.2 The Headteacher and Senior Leadership Team (SLT)

The Headteacher and SLT will:

- Ensure that all staff are aware of this policy and understand their role in its implementation

- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations
- Ensure that school staff are appropriately insured and aware that they are insured to support students in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

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, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4 Parents/Carers

Parents/Carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Students

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 IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nursing service and notify them of any students identified as having a medical condition.

4. Equal opportunities

The 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 need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out 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.

5. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the school will make every reasonable effort to ensure that arrangements are put into place.

6. Individual healthcare plans (IHPs)

The Headteacher and SLT have overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the School First Aider and Welfare Assistant.

Plans will be reviewed at least 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
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP 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, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any designation of special educational needs or disabilities or Education, Health and Care Plan (EHCP). If a student has a special educational need or disability, but does not have an EHCP, the special educational need or disability will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school in the following circumstances:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents'/carers' written consent

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents/carers.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

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 or pump rather than its original container, but it must be in date.

All medicines will be stored safely. 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 meters and adrenaline auto-injectors will always be readily available to students and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the medical block and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

School staff should use their discretion and judge each case individually with reference to the student's IHP. It is generally good practice to do the following:

- Enable students to access their inhalers and medication easily, administering their medication when and where necessary
- Judge each student individually and not assume that every student with the same condition requires the same treatment
- Consider the views of the student and/or their parents/carers
- Consider medical evidence or opinion (although this may be challenged)
- Avoid sending children with medical conditions home frequently for reasons associated with their medical condition and preventing them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If a student becomes ill, send them to reception/medical block accompanied by someone unsuitable
- Encourage students to drink, eat or take toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Encourage students to participate in all aspects of school life and, where possible, removing unnecessary barriers to student participation, including school trips.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs 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 the parent/carer arrives, or accompany the student to hospital by ambulance.

9. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

Training needs specific to individual students will be identified during the development or review of IHPs. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the School First Aider and Welfare Assistant. Training will be kept up to date.

All staff will be made aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures, so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing body and the SLT will ensure that written records are kept of all medicine administered to students. Parents/carers will be informed if their son/daughter has been seriously unwell at school.

IHPs are readily accessible to all staff.

11. Liability and indemnity

The governing body/SLT will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents/carers with a complaint about their child's medical condition should in the first instance discuss these directly with the School First Aider and Welfare Assistant or relevant member of the SLT. If the matter cannot be resolved, parents/carers will be directed to the school's complaints procedure.

DOCUMENT REVISION CONTROL

Revision Number	Summary of Changes	Date of Change
1	Complete review of the policy	Oct 20