



# Supporting Students with Medical Needs Policy

<b>Member of Staff Responsible</b>	Chief Executive Officer
<b>Relevant guidance/advice/legal reference</b>	Section 100 of the Children and Families Act 2014,  Department for Education statutory guidance: Supporting students at school with medical conditions.
<b>Approved by</b>	Trust Board
<b>Date of Policy</b>	May 2022
<b>Review Cycle</b>	3 years
<b>Date of Next Review</b>	May 2025
<b>Website</b>	Yes

This policy covers the responsibility levels of those involved in supporting young people with medical needs. It is approved by Trust Board to ensure consistency across the Trust.

**Section 3.3:** Indicates the detail of how each school implements the policy, and is based primarily on the further detail of responsibility which is delegated down from the Trust Board to the local governing body, the headteacher, the SLT and other relevant staff involved in supporting young people with medical needs.

**Section 3.4:** Indicates how staff have responsibility for this area.

## 1. Aims

This policy aims to ensure that:

- Students, staff and parents/carers 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

## 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 boards 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.

**This policy also complies with our Trust level funding agreement and articles of association.**

## 3. Roles and responsibilities

### 3.1 The Board of Trustees and the Local Governing Body

The Trust Board, through the Local Governing Body (LGB) has ultimate responsibility to ensure suitable arrangements are made to support students with medical conditions and will determine this policy. **By delegating the implementation of this policy to the headteacher and SLT, the LGB will monitor the operational implementation through the link governor group on pupil-related matters.**

### 3.2 Given each school in the trust has individual resourcing constraints and context the following responsibilities are delegated from the trust to the LGB. Where there are issues raised by the LGB, the CEO will highlight these to the Trust Board.

Refer to **Section 3.3** for the detail as to how we divide these responsibilities.

The Local Governing Body of each school will:

- Help to decide what information should be recorded on individual healthcare plans (IHPs)
- Monitor that there is a sufficient number of trained staff available in their school
- Monitor that records on children's medical needs and medicines that have been administered are kept up to date
- Review how well this policy is locally applied and make recommendations to the board of trustees as necessary
- Support and challenge the headteacher to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life
- Make sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Make sure 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 IHPs, including in contingency and emergency situations
- Assess training needs and commission necessary training in line with trust procedures
- Co-ordinate and attend meetings to discuss and agree on the need for IHPs
- Take overall responsibility for the development of IHPs
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Make sure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Make sure cover arrangements are made in the case of staff absence, and the supply teachers are briefed about the policy and relevant pupils
- Ensure school staff are appropriately insured and aware that they are insured to support students in this way

### **3.3 At Thomas Adams, there are several roles responsible for the effective implementation of this policy.**

#### **3.3.1 The Headteacher and the Business Manager will:**

- Make sure 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 (IHCPs), including contingency and emergency situations
- Delegate the line management of the support staff roles to the Deputy Headteacher (Behaviour and Personal Development)
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Provide sufficient First Aid capacity in the absence of any key staff.

#### **3.3.2 The Pastoral Support Worker in charge of children with medical conditions will:**

- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Contact the nursing service or appropriate medical professional, in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school
- Provide day to day First Aid cover for students and staff, ensuring the First Aid team follow due process and procedure
- Develop and maintain a system for logging First Aid administered and liaise with parents/carers where needed
- Ensure all medical supplies are kept well stocked and up to date, reviewing and ordering supplies
- Arrange medical supplies for trips and visits
- Liaise with staff regarding trips and visits to ensure at least one member of staff on the trip is trained with the knowledge to deal with issues relating to IHCPs

#### **3.3.3 The Attendance Officer will:**

- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Contact the nursing service or appropriate medical professional, in the case of any

student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school

- Take overall responsibility for the development of IHCPs

### **3.4 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.

At Thomas Adams these children will be identified on seating plans, using information sharing flags on Arbor and further information is sent out in emails to staff, where appropriate. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

When trips and visits are planned, teachers will liaise with the Pastoral Support Worker in charge of medical conditions, with regard to any medical/physical conditions to ensure, as far as practicable, inclusion for all.

### **3.5 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 IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment and replace when out of date.

### **3.6 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 IHCPs. They are also expected to comply with their IHCPs.

### **3.7 School nurses and other healthcare professionals**

Our 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's nurses and notify them of any students identified as having a medical condition. Information may come from the feeder school.

## **4. Equal opportunities**

Our trust 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.

Both the trust, through delegating to the individual 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 early in the planning of trips and visits so that appropriate arrangements can take into account of any steps needed to ensure that students with medical/physical 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 process outlined below in Appendix 1 will be followed to decide whether the student requires an IHCP.

The school will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for students who are new to our school.

## **6. Individual healthcare plans (IHCPs)**

The Headteacher delegates the overall responsibility for the development of IHCPs for students with medical conditions to the Attendance Officer, under the supervision of the Deputy Headteacher (Behaviour and Personal Development).

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
- What medication is to be administered and the process for doing so

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 Deputy Headteacher (Behaviour and Personal Development) will make the final decision.

Plans, where applicable, 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.

IHCPs, where applicable, will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a student has a SEN but does not have a statement or EHC plan, 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 following will be considered when deciding what information to record on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, 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 the relevant staff if needed.
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents/carers and the Headteacher 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/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
- Student's confidence in self-care and how this may be supported

## 7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

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

Occasionally, if there is an immediate need, we will seek verbal consent from a parent.

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

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. Staff will check that permission for paracetamol is on Arbor, then record the details of the dose and time administered in the appropriate medical book.

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

Prescribed medicines need to be recorded and double signed every 6 weeks / half term.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date and labelled with the student's name.

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 pens will always be readily available to students and not locked away.

Parents/carers will be contacted to collect/replenish medication when either out of date or no longer required, however it is the parent/carer's responsibility to check

### 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 school office 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.

**Parents/carers will have the opportunity to opt out of giving permission for their son/daughter to have access to emergency inhalers or auto injectors. This will be by email and recorded on the school's management information system.**

## **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 IHCPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible, for example inhalers, auto injectors and blood sugar testing kit. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents/carers so that an alternative option can be considered, if necessary. This will also be recorded on CPOMS.

## **7.3 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the student's IHCP, but it is generally not acceptable to:

- Prevent students from easily 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
- Wait for a full diagnosis before putting a plan in place
- Ignore medical evidence or opinion (although this may be challenged)
- 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 IHCPs
- If the student becomes ill, send them to the school office or medical room 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 or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs.
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask students to administer, medicine in school toilets

## **8. Emergency procedures**



Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHCPs will clearly set out what constitutes an emergency and will explain what to do. The person overseeing first aid will notify the parent/carer or first point of contact as soon as possible.

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 will be bought in from external agencies.

The training will be identified during the development or review of IHCPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will fully assess the training needs of the staff and lead on identifying the type and level of training required. They will agree this with the School Business Manager and the Attendance Officer.

Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide training of staff in any required/relevant medical procedure, or in providing medication to ensure staff proficiency.

All staff will receive training so that they are 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 link governor group for Pupil-related matters will ensure that written records are kept of all medicine administered to students. Where appropriate, parents/carers will be informed if their student has been unwell at school.

IHCPs are kept in a readily accessible place (electronic and hard copy), which all staff are aware of.

## **11. Liability and indemnity**

The Trust Board, through the Local Governing Board, will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The Trust has a comprehensive insurance policy with the Department for Education's Risk Protection Arrangement, including public liability insurance.

## **12. Complaints**

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Deputy Headteacher (Behaviour and Personal Development) in the first instance. If the Deputy Headteacher cannot resolve the matter, they will direct parents/carers to the trust complaints procedure.

## **13. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Children with health needs who cannot attend school policy

**Being notified a child has a medical condition**