



# Supporting medical needs (outside of SEN) Policy

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### 1. Aims

This policy aims to ensure that:

- Students, staff and parents understand how our federation will support pupils 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 board will implement this policy by:

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

**The Designated Safeguarding Lead has overall responsibility for implementing and overseeing this policy.**

### 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 pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

### 3. Roles and Responsibilities

#### 3.1. The governing body

The governing board has ultimate responsibility to make arrangements to support students with medical conditions. The governing board 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 Executive Head, Heads of School and Designated Safeguarding Lead**

The above mentioned leaders will:

- 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 individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way

### **3.3. Medical HLTA / Medical Support Assistant**

The Medical HLTA/Support Assistant is responsible for coordinating a consistent school-wide approach to the implementation and review of IHPs. They will:

- Take overall responsibility for the development and implementation of IHPs. Review IHPs at least annually.
- Check expiry dates of students' medication and contact parents/carers to replace as needed. **Keep leaders updated if required medication is not available in school.**
- Contact the school nursing service 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 nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **3.4. All 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. This includes the administration of medicines. All medicine will be administered by two staff present to check and record dosage.

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.

### **3.5. Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs either through Arbor or formal communication
- 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

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

### **3.7. External agencies**

The schools will maintain open communication with the school nursing service and request advice on how best to support a student with medical needs outside of their SEN. The schools also welcome reports or other information

about a student's medical needs outside of their SEN.

#### **4. Equal opportunities**

The Blue Tangerine Federation 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 schools 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 and any relevant healthcare professionals may be consulted.

#### **5. Being notified that a child has medical needs**

When the schools are notified that a student has additional medical needs, the process outlined below will be followed to decide whether the student requires an IHP.

The schools will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

See appendix 1

#### **6. Individual Healthcare Plans (IHPs)**

IHPs are not the same as Education, Health and Care Plans (EHCPs).

*"Individual Healthcare Plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom."* – [Supporting pupils at school with medical conditions](#)

The Designated Safeguarding Lead has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Support staff with medical responsibilities at each site. IHPs will be found on the 'Pupil Profile' document for each student.

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 the schools, parent/carers and a healthcare professional when an IHP would be necessary. This will be based on evidence. If there is not a consensus, the Executive Head 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.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and Designated Safeguarding Lead will consider the following when deciding what information to record on IHPs:

- 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

- The level of support needed, including in emergencies. If a pupil 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 pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## 7. Managing medicines

**All medicines will be administered with at least two members of staff present to verify correct dosage. Both members of staff will sign the records sheet to acknowledge their participation**

All medicines will be stored safely in:

- St Luke's - the medical room
- The Collett – relevant classrooms
- Forest House – Hospital staff

And not carried around by students. Students will be informed about where their medicines are at all times with staff 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** double-locked away.

Medicines will be returned to parents/carers at the end of each school term, when expired or when no longer required to arrange for safe disposal.

### 7.1. Prescription medicines

Only prescription medicines will be administered at school. This will be done:

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

The schools 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.

### 7.2. Asthma

Students with asthma need access to relief medication at all times. Students with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the students parent/carer to provide a second inhaler. Parents/Carers are responsible for this medication being in date and the schools will communicate with the parents if new medication is required and a record of these communications will be kept.

Inhalers are kept in the medical room. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the first-aider. It is the parent/carer's responsibility to ensure the medication is within the 'use by' date and replaced when necessary.

### **7.3. Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to students diagnosed with anaphylaxis within the school population. The federation complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

Each child should have at least 1, ideally 2, Epi-pens which are kept in the medical room in a clearly labelled separate cupboard. Parents/carers are responsible for this medication being in date and the schools will communicate with the parents/carers if new medication is required and a record of these communications will be kept.

The majority of adults in school have received training by the school nurse to enable them to administer the epi-pen in emergencies. This training is updated every year.

### **7.4. Hay fever**

Parents/Carers will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

### **7.5. Other allergic reactions**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction, this will be detailed on the pupils IHP. The schools will administer 1 standard dose of antihistamine as prescribed (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the student has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents/carers informed.

### **7.6. Students managing their own medical needs**

Students will only be encouraged to take responsibility for managing their own medicines and procedures if both the schools and parent/carer deem this appropriate. This will be discussed with parents/carers and it will be reflected in their IHPs.

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 IHP and inform parents/carers so that an alternative option can be considered, if necessary.

## **8. Emergency Procedures**

In a medical emergency, staff will follow the school's normal emergency procedures:

- First aid given
- Ambulance called and parents/carers notified.

Should an emergency situation occur to a student who has an IHP, the emergency procedures detailed in the plan are followed, and a copy of the IHP is given to the ambulance crew. If applicable the student's emergency medication will be administered by trained school staff.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) and adrenaline auto-injectors will be held by the schools to cover emergency use.

## **9. Training**

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Designated Safeguarding Lead and Heads of School. 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 IHPs
- 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 confirmation of the proficiency of staff in a medical procedure, or in providing medication.

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**

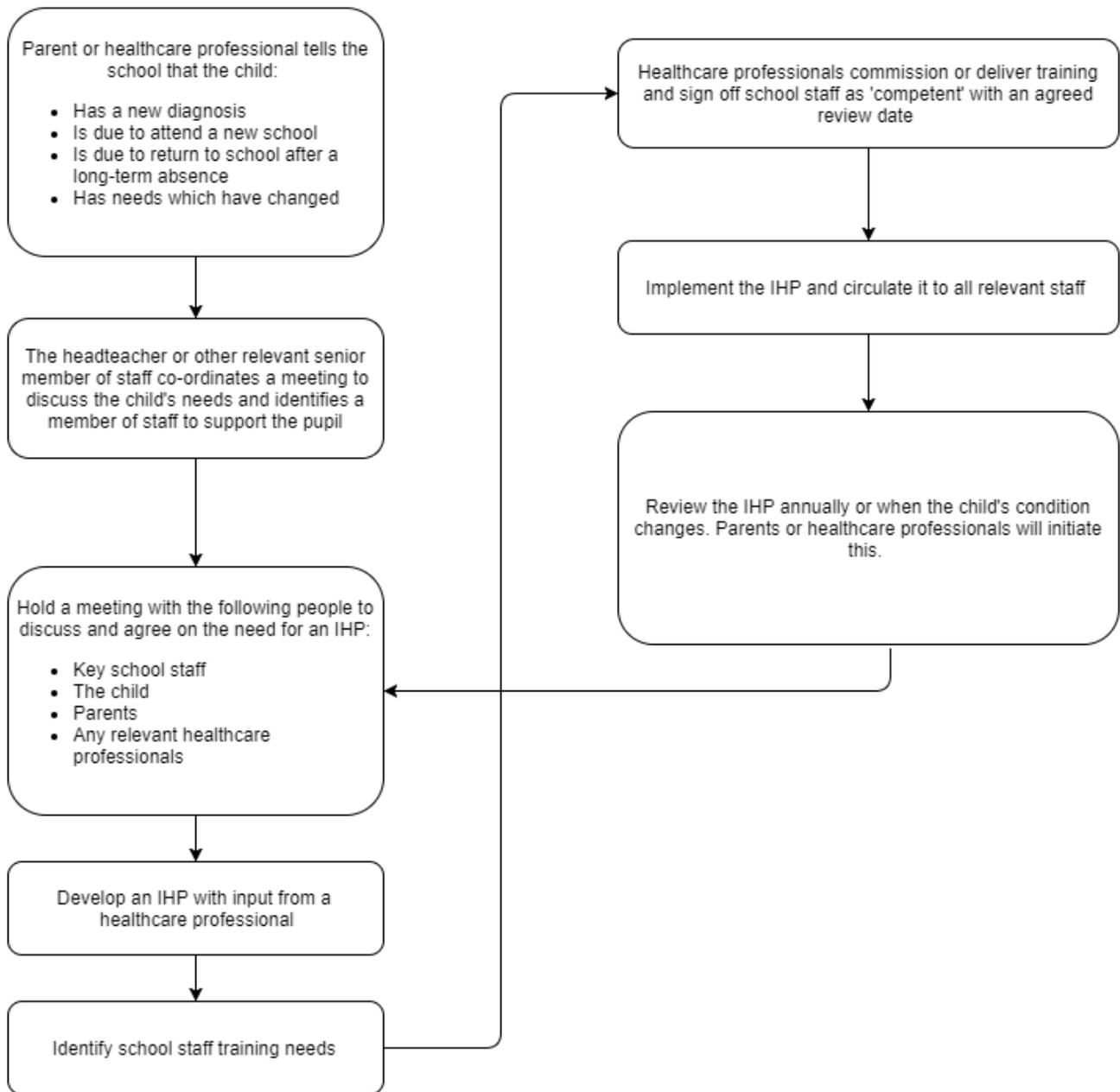
The governing board and Designated Safeguarding Lead will ensure that written records are kept of all medicine administered to students. Parents/Carers will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

## **11. Links to other policies**

- First Aid policy
- Health and Safety policy
- Safeguarding and Child Protection policy
- Equality statement policy

## **Appendix 1: Being notified a child has a medical condition**



Template: Individual Healthcare Plan (IHP)

<b>Last review on:</b>		
<b>Last reviewed by:</b>		
<b>Staff who provide support in school:</b>		
<b>Medical diagnosis or condition:</b>		
<b>Describe medical needs:</b> give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc		
<b>Medication 1</b>	<b>Name</b>	
	<b>Dose</b>	
	<b>Method of administration</b>	
	<b>When to be taken</b>	
	<b>Who to administer</b>	
	<b>Side effects</b>	
	<b>Contra-indications</b>	
<b>Medication 2</b> <i>(include/delete as needed)</i>	<b>Name</b>	
	<b>Dose</b>	
	<b>Method of administration</b>	
	<b>When to be taken</b>	
	<b>Who to administer</b>	
	<b>Side effects</b>	
	<b>Contra-indications</b>	
<b>Medication 3</b> <i>(include/delete as needed)</i>	<b>Name</b>	
	<b>Dose</b>	
	<b>Method of administration</b>	
	<b>When to be taken</b>	
	<b>Who to administer</b>	
	<b>Side effects</b>	
	<b>Contra-indications</b>	
<b>Daily care requirements</b>		
<b>Specific support</b> for student's education, social and emotional needs		
<b>Arrangements for school visits/trips etc.</b>		
<b>Other information</b>		
<b>EMERGENCY</b>	<b>What constitutes an emergency</b>	
	<b>Staff to contact (in school)</b>	
	<b>Staff to contact (out of school)</b>	
	<b>What to do in emergency</b>	
<b>Plan developed with</b>		
<b>Staff training needed/undertaken</b> – who, what, when		