

## **Policy for Supporting Students with Medical Needs**

*Last update: September 2016*

### **CONTEXT**

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- The school adheres to the requirements of the First Aid Regulations
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the ongoing support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- Our school will build relationships with healthcare professionals and other agencies in order to support effectively students with medical conditions.
- To ensure that the School provides an efficient and effective response to emergencies

### **ROLES AND RESPONSIBILITIES**

**The member of staff who is responsible for children with medical conditions is the First Aid Secretary.**

#### **This person is responsible for:**

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Overseeing the secure storage of any pupil medication held on the premises and ensuring that medication held is within date
- Overseeing the Medical Consent Form process for pupil medication
- Ensuring that the Medical Register is produced and circulated at the start of each school year
- Overseeing the management of the school's defibrillators
- Ensuring the Medical Room is suitable staffed and stocked
- Ensuring that the school's first aid boxes are suitably identified, available and stocked
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information.
- Assisting with risk assessment for school visits and other activities outside of the normal timetable.
- Developing, monitoring and reviewing Individual Healthcare Plans.
- Working together with parents, students, healthcare professionals and other agencies.

The Heads of Year are responsible for:

- Notifying the First Aid Secretary of any pupils who have a medical condition and for ensuring that where necessary a suitable evacuation plan is in place as required by the school's Fire Safety Policy

#### **The Headteacher is responsible for:**

- Overseeing the management and provision of support for children with medical conditions.
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including covering absence and staff turnover. The guidance we follow, is that there is a 1:150 trained staff: students ratio so at least 10 staff within the school are trained to support students with day to day health care needs.
- Ensuring that school staff are appropriately insured and aware that they are insured.

#### **Teachers and Support Staff are responsible for:**

- The day to day management of the medical conditions of children they work with.
- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable.
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance.

**Qualified First Aiders will ensure that they:**

- maintain their qualifications;
- familiarise themselves with the first aid facilities and the procedures for recording incidents and accidents (formal accident reporting system);
- Attend incidents as requested and treat the casualty to the best of their ability and to seek additional help when required (other first aiders or the emergency services);
- Follow safe practice procedures when dealing with casualties and the aftermath/cleanup of an incident;
- Provide guidance to parents/carers following any injury to the head with regard to seeking further medical attention and symptoms of which they should be aware;
- When on duty and an ambulance has been called that the casualty is suitably accompanied if a family member is not in attendance;
- Maintain the medical room in a clean and safe state;
- do not put themselves at risk;
- do not administer any medication unless there is a consent form in place and is within date. When medication is administered a record shall be kept on the consent form and on the medical register / SIMs

**All staff will ensure that:**

- Casualties are provided with medical attention either by going to reception (accompanied) if they are fit to get there or by notifying reception (telephone or by sending a messenger with clear details) should assistance be required at the scene;
- They do not treat an injury unless they are in possession of a current First Aid certificate. Staff can apply emergency aid until a first aider arrives;
- They familiarise themselves with the specific medical conditions of individual students recorded in the Medical Register;
- Students who are sent to medical for feeling unwell are given a note to this effect;
- Medical consent forms are taken on each authorised trip;
- First aid kits are taken on trips and visits when required.

**Parents/Carers are responsible for:**

- Keeping the school informed about any changes to their child's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication and/or equipment their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Healthcare Plan for their child in collaboration with the responsible person and healthcare professionals.

**The Facilities Manager shall ensure that:**

- An up-to-date First Aid risk assessment is available for the school
- Sufficient members of the Site Team are First Aid trained to provide First Aid cover for evening events where staff and pupils are present.

**Procedure when notification is received that a student has a medical condition**

- The First Aid Secretary will liaise with relevant individuals, including as appropriate parents, the individual student, health professionals and other agencies to decide on the support to be provided to the child.
- Where appropriate, an Individual Healthcare Plan will be drawn up.
- Appendix A outlines the process for developing individual healthcare plans.

## **INDIVIDUAL HEALTHCARE PLANS (IHCPS)**

- An IHCPS will be written for students with a medical condition that is long term and complex.
- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency clarity.
- Where a child has special educational needs (SEN) but does not have a statement or Education, Health and Care (EHC) plan, their special educational needs will be mentioned in their Individual Healthcare Plan.
- Individual Healthcare Plans will be reviewed annually or earlier if evidence is provided that a child's needs have changed.

## **THE USE OF MEDICINAL, PRESCRIBED AND OTHER LEGAL DRUGS IN SCHOOL**

### **Storage and handling of medication**

The school does not keep, or make available, over-the-counter medicines or remedies and school staff are not obliged to administer any medicines to students. The school must be informed in writing of any medicines that a student may need during the school day or on the school premises ideally using the Medical Consent form

The parents/carers of students prescribed medicines for a short period eg antibiotics should inform the First Aid team of the medication and the method and frequency of administration and, in some circumstances may request that the school administers it. Medicines taken orally can, if necessary, be administered by school staff with specific training in the method of administering that medicine. A record will be maintained of all medication taken by pupils under the supervision of a first aider.

Students who need access to medication on a continuing basis eg asthma inhalers or ventilators, sickle cell treatment, or insulin for diabetics, are allowed to bring their medication to school in suitable tamper-proof containers. Where able to do so, they will be able to self-medicate. If a student suffers regularly from acute pain such as migraine or menstrual pain, subject to school agreement, parents/carers should authorise and supply appropriate painkillers for their child's use, with written instructions about when the student should take the medication. A member of staff should supervise the student taking the medication.

### **Procedures**

- Medicine stored must be clearly labelled with the student's name, the name and dose of the drug and the frequency of administration. If a student needs two or more prescribed medicines, each should be in a separate container and labelled as above
- Medicines should not be transferred from their original container
- Any medicines that need to be refrigerated can be kept in a refrigerator containing food but should be kept in an airtight container, clearly labelled. Access to the refrigerator will be restricted
- Students with medical needs should know where their medicines are stored and who holds the key
- all medication brought into school is kept in a locked medical cabinet with the exception of the individual diabetic boxes (which must be accessible at all times) and those requiring refrigeration
- Some medicines such as asthma inhalers must be readily available and therefore not be locked away
- All students are allowed to carry their own inhalers with the agreement of their parents/carers
- People who suffer from anaphylactic reactions may need emergency adrenaline treatment. Staff who volunteer to administer this treatment will be given training. NB. This treatment is unlikely to be harmful if given too soon or in multiple doses
- Parents/carers will be held responsible for the regular collection of any unused medication eg at the end of each term, and also for the disposal of date expired medicines (checks made by the Firsts Aiders)

The school will not take responsibility for the administration of any prescribed medicines if it has not been informed by parent/carers of the medical needs of a particular student or formally agreed to the administration.

Parents/carers receive information about these procedures when children start school in Year 7.

## **Activities beyond the usual curriculum**

- Reasonable adjustments will be made to enable students with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.
- When carrying out risk assessments, parents/carers, students and healthcare professionals will be consulted where appropriate.

## **Contacting parents about a student who attends the medical room:**

Parents will always be contacted when any of the following apply:

- There is any suggestion of contagion
- There is any head injury
- If the student is distressed
- If there is any suggestion of needing further attention
- The student is unable to return to lessons
- An ambulance has been called

Clearly, age can be a factor in making the final decision and this should be left to the discretion of the first aiders and the pastoral team

## **Complaints:**

- An individual wishing to make a formal complaint should refer to the School's Complaint Policy available from the School website.

## **Dealing with an emergency**

The section is written to help clarify when an ambulance should be called when dealing with a serious incident/accident at school. This is a guide and cannot cover all eventualities and it is accepted that in many cases, there will be an element of judgement on the part of the staff attending the injured person. Where there is uncertainty about which is the correct decision then it is best operate on the side of caution and call an ambulance.

An assessment should be made (ideally by a person qualified in First Aid if one is available) and an ambulance should be called in the following circumstances:

- When there has been an accident/incident and the casualty is in pain such that they cannot move or be moved
- Where there may be a risk of serious spinal and/or neck injury
- Dislocations to knee, hip, shoulder, elbow
- Open or other serious fractures
- Suspected heart problems
- Severe bleeding or internal bleeding
- Suspected overdose
- Severe asthma that is not responding to inhaler
- Where there has been a loss of consciousness following a sustained injury
- Where movement or transport may make the injury worse (including internal bleeding)

For an incident which involves a student, if a parent is readily available and is able to transport the student or for an incident which involves an adult (e.g. member of staff) and a suitable adult (e.g. colleague) is available and able to transport the injured adult, an ambulance need not be called for:

- Bleeding that may require further treatment (not severe)
- Minor breaks (e.g. fingers)
- Injuries that require hospital and/or doctor assessment but where the amount of pain or movement would allow a parent to transport the child and would, ultimately, reduce waiting time.

The relevant member of the first aider team will record those incidents for which an ambulance is called in the accident log which is monitored by the Health and Safety Committee,

**Associated Policies**

Educational Visits

Fire Safety Policy

*Reviewed By Committee – 21 September 2016*

*Approved by Full Governing Board – 12 October 2016*

*Due for Review : Autumn 2018*

## Annex A: Process For Developing Individual Healthcare Plans

