Seahaven Academy

Supporting Students with Medical Needs and Children with Health Needs who Cannot Attend School Policy

Seahaven Academy
The best in everyone™
Part of United Learning

The Supporting Students with Medical Needs and Children with Health Needs who Cannot Attend School Policy (the "**Policy**") is in line with our equal opportunities statement and aims to support inclusion for all of our students. The Policy covers all statutory elements and focuses on maintaining the highest expectations for all students and bringing out the 'best in everyone'.

Part One: Supporting Students with Medical Needs

Rationale

The number of students attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption, or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school and can take part in the normal school activities.

However, some children with long term, complex or individualised medical needs will need to have them carefully planned and monitored by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

Introduction

United Learning Trust (the "**Trust**") is committed to ensuring that the necessary provision is made for every student within their schools' communities. The Trust celebrates the inclusive nature of its schools and strives to meet the needs of all students including those with medical needs and conditions.

Section 100 of *The Children and Families Act 2014* places a duty on the governing body of each school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

The Trust endeavours to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

Seahaven Academy (the "**School**") will ensure that all medical information will be treated confidentially by the Headteacher and staff.

All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document.

All School staff have a duty of care to follow and co-operate with the requirements of the Policy.

Where children have a disability, the requirements of the *Equality Act 2010* will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Seahaven Academy: Supporting Students with Medical Needs Policy

Context
The Policy was developed in consultation with parents/carers, staff and students and has regard to: • Statutory Guidance: *Supporting pupils at school with medical conditions* – DfE – December 2015 • Section 100 of the *Children and Families Act 2014* and associated regulations • The *Equality Act 2010* • The *SEND Code of Practice* (updated 2020)
Principal: Mark Newnham-Reeve **Signed**:
The named member of school staff responsible for this medical condition policy and its implementation is: **Name**: Will Taylor **Role**: Business Manager
Governor with responsibility for Medical Needs: Stuart Ford **Signed**:
This Policy will be reviewed annually
Agreed by Governing Body:
Review date: August 2027

The Policy is to be read in conjunction with our:

- SEND Policy
- Inclusion Policy
- Safeguarding policy
- Equality Policy
- Behaviour and Anti Bullying policies
- Curriculum and Teaching and Learning policies
- Health and Safety Policy / Emergency Policy
- School Visits Policy
- Complaints Policy

Aims and Objectives

Aim

To ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Objectives

- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met
- To work in close partnership with health care professionals, staff, parents and students to meet the needs of each child
- To ensure any social and emotional needs are met for children with medical conditions
- To minimise the impact of any medical condition on a child's educational achievement
- To ensure that an Individual Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education and their Individual Health Care Plan is managed effectively
- To ensure as little disruption to our students' education as possible
- To develop staff knowledge and training in all areas necessary for our students
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive School

Roles and Responsibilities

The Governing Body

- The overall implementation of this Policy and procedures of the School
- Ensuring that this Policy, as written, does not discriminate on any grounds including, but not limited to ethnicity/national origin, culture, religion, gender, disability or sexual orientation
- Handling complaints regarding this Policy as outlined in the School's Complaints Policy
- Ensuring that all students with medical conditions are able to participate fully in all aspects of School life
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions
- Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this Policy
- Monitoring written records of any and all medicines administered to individual students and across the school population
- Ensuring the level of insurance in place reflects the level of risk

The Principal

- The day-to-day implementation and management of the Policy and procedures of the School
- Ensuring the Policy is developed effectively with partner agencies
- Making staff aware of this Policy
- Ensure that all supply staff are aware of the Policy and are briefed on individual student needs where appropriate
- Liaising with healthcare professionals regarding the training required for staff
- Making staff who need to know aware of a child's medical condition
- Developing Individual Healthcare Plans ("**IHCPs**") – see Appendix 2 for a template
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract
- Ensuring a sufficient number of trained members of staff are available to implement the Policy and deliver IHCPs in normal, contingency and emergency situations
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this Policy
- Ensuring the correct level of insurance is in place for teachers who support students in line with this Policy
- Contacting the School nursing service in the case of any child who has a medical condition

Staff Members

- Taking appropriate steps to support children with medical conditions

- Where necessary, making reasonable adjustments to include students with medical conditions into lessons
- Administering medication, if they have agreed to undertake that responsibility
- Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help
- Fully aware of who is a named staff member responsible for administering injections

There is no legal duty which requires staff members to administer medication; this is a voluntary role.

School First Aider

- Notify the School when a child has been identified as requiring support in School due to a medical condition
- Support staff on implementing a child's IHCP and provide advice where appropriate
- Liaising locally with lead clinicians on appropriate support

Parents/Carers/Guardians

- Parents have prime responsibility for their child's health and should provide the School with up-to-date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement (see Appendix 1 for template) for School to administer medicine form before bringing medication into School
- Providing the School with the medication 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/children prior to requesting that a staff member administers the medication
- If their child has a more complex medical condition, they should work with the School First Aider or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies
- It is the parent/carers responsibility to make sure that their child is well enough to attend school

The Student

- Students are often best placed to provide information about how their condition affects them

- Students should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their IHCP
- Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures
- Where possible, students will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location
- If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored
- Where appropriate, students will be encouraged to take their own medication under the supervision of a teacher
- Students with relevant medical needs will be provided with the appropriate phone pouch so that they may take medical readings as and when needed

Local Authorities

- Local Authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the *Children Act 2004*, they have a duty to promote co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation
- Local authorities and clinical commissioning groups ("**CCGs**") must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the *Children and Families Act 2014*)
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively
- Local authorities should work with schools to support students with medical conditions to attend full-time
- Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements
- Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

Individual Health Care Plans

- An Individual Health Care Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support

- IHCPs may be initiated by a member of School staff, the School first aider or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals (e.g. a specialist nurse) who will be able to determine the level of detail needed in consultation with the school, the child and their parents.
- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the IHCP should be linked to the child's statement or EHCP where they have one
- Parents will receive a copy of the IHCP with the originals kept by the School. Medical notices, including pictures and information on symptoms and treatment are placed in the School staff room and given to the child's class teacher for quick identification, together with details of what to do in an emergency

Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of School hours
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances
- Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription
- Medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered
- A maximum of four weeks supply of the medication may be provided to the School at one time
- Controlled drugs may only be taken on School premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy
- Medications will be stored in the Welfare Office. All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away
- Any medications left over at the end of the course will be returned to the child's parents or, if not collected within a reasonable time, disposed of accordingly

- Students with asthma are encouraged to carry their inhalers with them. However, a spare inhaler should also be kept in the Student Services Office and/or the Welfare Office. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day
- Written records will be kept of any medication administered to children (see Appendix 3 for template)
- Students will never be prevented from accessing their medication
- Sharps boxes should always be used for the disposal of needles and other sharps
- Defibrillators are located in the PE Office and in the Student Services Office
- The School cannot be held responsible for side effects that occur when medication is taken correctly

Educational Visits

- We actively support students with medical conditions to participate in School trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure students with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible
- A trip risk assessment will be completed at the planning stage to take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the School first aider or other healthcare professional that are responsible for ensuring that students can participate. A copy of the child's IHCP should be taken with the child on any Educational Visit
- The Visit Leader must also ensure that medication such as inhalers and epi-pens are taken on all School trips and given to the responsible adult that works alongside the student throughout the day. A First Aid kit must be taken on all School trips. The Visit Leader must ensure that all adults have the telephone number of the School in case of an emergency
- The School will refer to the OEAP National Guidance documents on First Aid (4.4b) and Medication (4.4d) to ensure suitable provision at the planning stage of every trip
- The Visit Leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip

Staff Training

- The School provides regular whole-school awareness training to ensure that all staff are aware of this Policy and their role in implementing the Policy. This is also included in induction arrangements for new staff
- Any member of staff providing support to a student with medical needs must have received suitable training. It is the responsibility of the Principal to lead on

identifying with health specialists the type and level of training required and putting this in place. The School first aider or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child

- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in IHCPs. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect IHCPs at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions
- It is important that all staff are aware of the School's Policy and their role in implementing this Policy. The School ensures that training on conditions which they know to be common within their School is provided (asthma, epi pen, sickle cell, diabetes for example)
- Parents can be asked for their views and may be able to support School staff by explaining how their child's needs can be met but they should not provide specific advice, nor be the sole trainer

Emergency Procedures

- Medical emergencies will be dealt with under the School's emergency procedures
- Where an IHCP is in place, it should detail:
    - What constitutes an emergency
    - What to do in an emergency
    - Ensure all members of staff of aware of emergency symptoms and procedures
    - Other children in school should know to inform a teacher if they think help is needed

If a student needs to be taken to hospital, a member of staff will remain with the child until a parent arrives.

Unacceptable Practice

As outlined in the DfE statutory guidance.

Although School staff should use their discretion and judge each case on its merits with reference to the child's IHCP, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or 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 IHCP
- if the child becomes ill, send them to the School office or medical room unaccompanied or with someone unsuitable
- penalise children 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, or otherwise make them feel obliged, to attend School to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the School is failing to support their child's medical needs
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child

Complaints

Please refer to the School's complaint's policy.

Other Considerations

Defibrillators

The School will ensure the local NHS ambulance service has been notified of its location.

Emergency Inhalers

From 1st October 2014 the *Human Medicines (Amendment) (No. 2) Regulations 2014* will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. The Policy for the use of the emergency inhaler based on *Guidance on the use of emergency salbutamol in schools (DoH, 2015)*.The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

Relevant Documents

Supporting pupils with medical conditions – DfE – December 2015

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Section 100 – Children and Families Act 2014

http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted

The Equality Act 2010

https://www.gov.uk/guidance/equality-act-2010-guidance

The SEND Code of Practice – 2015 (updated 2020)

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Health Conditions in Schools Alliance – this site has Individual Healthcare Plan information for specific conditions

http://medicalconditionsatschool.org.uk/

Appendix 1: Parental Agreement for Setting to Administer Medicine

The School/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	

Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) .....

Date .....

Appendix 2: Individual Health Care Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 3: Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature: .....

Signature of parent: .....

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			