

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

Requisite: Legal Requirement			Responsible Committee: Student Support		
Vers.	Approval Date	Committee	Head	Chair	Next Review Date
A	11/03/2015	Student Support			01/01/2018
B	28/03/2018	FGB			01/01/2021
C	17/06/2021	FGB			01/01/2024

I. 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

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](#).

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

3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility to make 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. They will ensure that individual healthcare plans (IHPs) are developed and monitored.

3.2 The Headteacher

The Headteacher 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
- Ensure that overall responsibility for implementation of the policy is devolved to the SENCO and Senior Leadership member in charge of Safeguarding
- Make sure that school staff are appropriately insured to support students in this way

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

- Ensure that the school nursing service is informed 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

3.3 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

Parents 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

Our school nursing service will notify the Headteacher 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 pediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition.

4. Equal opportunities

Our academy 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.

TDAP037C STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

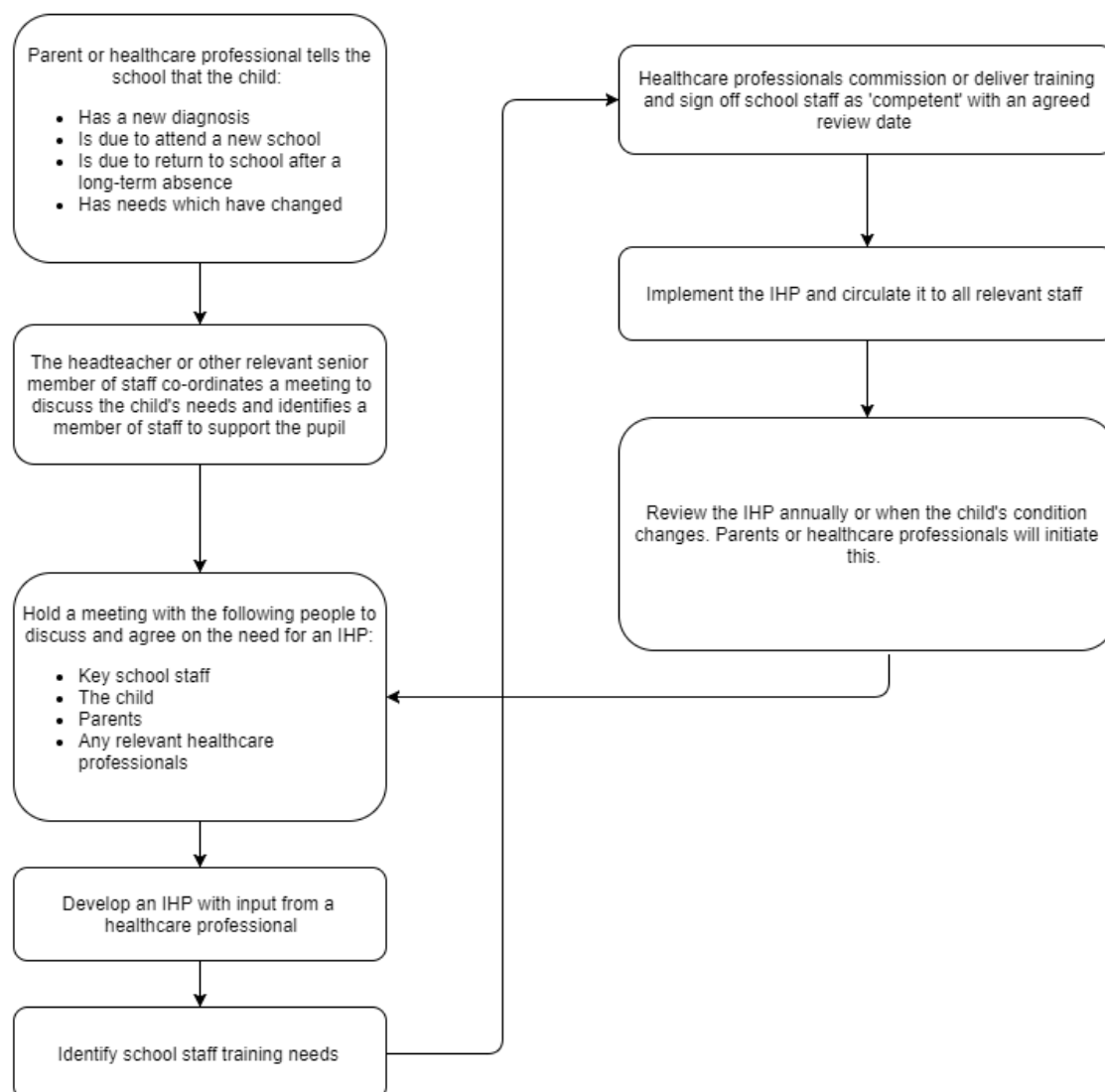
The academy will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

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 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 will be followed to decide whether the student requires an IHP.

The school 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.



TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the SENCO (Martin Agyei). Plans will be reviewed when 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 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 and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, 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 education, health and care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN 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. The governing body and SENCO 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
- 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 arrangements for when they are unavailable
- Who in the school needs to be aware of the student'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 student during school hours

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

- 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

7. Managing medicines

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 parents' written consent

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

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Parents are contacted to bring in paracetamol for their child when needed. The student self-administers under the supervision of the First Aider on duty.

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

Medicines will be returned to parents 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 school office and only named staff have access.

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

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 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 a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, 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
- 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 IHPs
- 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
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips.
- 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' 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 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.

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.

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. 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 body will ensure that written records are kept of all medicine administered to students. Parents 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. Liability and indemnity

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

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head of House in the first instance. If the Head of House cannot resolve the matter, they will direct parents to the SENCO. If the SENCO is unable to resolve the matter satisfactorily the parent may refer to the academy complaints policy.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every three years.

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

Rev A	original policy approved by Student Support Governors on 15 th October 2014 and ratified by the Full Governing Body on Wednesday 12 th November 2014. Further updated and approved by Student Support Governors 11 March 2015.
Rev B	Revisions in line with policy schedule and change to regulations on administration of medication. Full Governing Body: 17 January 2018 – Revised and rewritten and considered by Full Governing Body: 21 March 2018
Rev C	In line with policy review programme. Agreed and approved at Full Governing Body meeting 16/06/2021

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

***Appendix I**

The Governing Body's legal responsibility for safeguarding the welfare of children goes beyond basic child protection procedures. The duty is now to ensure that safeguarding permeates all activity and functions. This policy therefore complements and supports a range of other policies

- Complaints
- Safeguarding Children and Young people
- Behaviour
- Anti-Bullying
- Lettings and Use of Premises
- Special Educational Needs
- School trips
- Curriculum
- Children in Care
- Health and Safety
- Sex and Relationships Education
- Security
- Equality Diversity and Community Cohesion
- Students with Additional Needs
- Internet Access and Use
- Use of ICT and Website
- Young Carers
- Privacy, Confidentiality, Information Sharing and Data
- Whistle blowing

The above list is not exhaustive but when undertaking development or planning of any kind the school will consider safeguarding matters.

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

Guidance Notes for Teachers Administering Medication on School Trips

- All medicine administered on the trip (including those that are self-administered by students) must be recorded on the appropriate form e.g. inhalers, paracetamol, insulin etc. Only those staff who are self-assessed as being competent can administer medicine.
- Individual Healthcare plans are available in the staff room - a copy must be taken (if needed) on the trip so staff are aware of a student's medical condition and how to respond to a student's individual needs.
- Medicine (including non-prescription medication) must only be administered to a child where prior written permission for that particular medicine has been obtained from the child's parent/carer. The school must receive written assurance from parents that they have contacted their child's GP if they are giving the school any medication for the trip e.g. travel sickness tablets. Medicines must not usually be administered unless a clinician has prescribed them for the child.
- Parents/carers must provide medication for their child and ensure they, or another nominated adult/s, are contactable at all times. Any medication provided by parents/carers must be in the original container with the patient's name, expiry date, dosage requirements clearly visible on the pharmacy label. You must comply with the prescription, variations on dosage cannot be made on parental instruction. Medicine labels with no logo should not be accepted, and must have the correct student/patient name visible.
- Only those non-prescribed medicines that have had prior written consent from the parent/carer should be administered to students (normally only for 24 hours) never longer than a 48 hour period without having sought medical assistance due to the risk of a more serious underlying condition. If symptoms persist medical advice should be sought. A child under 16 should never be given medicine containing Aspirin, unless prescribed by a doctor.
- Where possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily (e.g. insulin, epi-pens, inhalers). They should carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is the formal arrangement for any off-site or residential visits. If it is not appropriate for a child to self-manage, then authorised staff should help administer.
- No tablets/medication must be removed from the box supplied by the parent/carer and put in another bag – they must remain together in the original container that contains prescription details. Staff must not re-package or re-label medication.
- Those in charge of the trip must risk assess that the medical bag/medication will be safe at all times and not able to be handled by students or any other unauthorised persons.

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

Guidance Notes for Parents

- Parents/carers must provide medicines for their child in the original packaging with the patient's name, dosage, expiry date and pharmacy instructions clearly legible.
- There is a potential risk of interaction with prescribed medication so only those medicines that have had prior approval by the young person's GP should be administered. A child under 16 should never be given medicine containing Aspirin, unless prescribed by a doctor.
- ~~Only those non-prescribed medicines that have had prior written consent from the parent/carer can be administered to students – normally only for 24 hours never longer than a 48-hour period due to the risk of a more serious underlying condition. If symptoms persist medical advice should be sought.~~
- The school's 'Request to Administer Medicine' form must be completed and signed by parents giving the school permission to administer medicines to individual students. Parents must ensure they, or another nominated adult/s, are contactable at all times.
- Medication for management of chronic conditions such as asthma, allergies, epilepsy and diabetes should be supported by written documentation from a medical institution/doctor, and the student's Individual Healthcare Plan that is discussed and provided by the school nurse in consultation with the student's parent/carer.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours and administered at home.
- ~~Parents should not send in surplus supplies. The school has limited storage space for medication which is reserved for children requiring long-term medicines for known conditions (e.g. diabetes) – however, the school is able to keep and administer a small supply of medicine which is held at Student Reception.~~
- Parent/carers are also responsible for the safe disposal of medication and Sharps Bins, per expiry dates.
- Parents remain responsible for their child taking the medicine, however, students must endeavour to develop independence in managing their own medical needs where appropriate.
- All students should have easy access to their emergency medication. They should carry their emergency medication with them at all times (e.g. insulin), except if they are controlled drugs as defined in the Misuse of Drugs Act 1971.
- When a student is attending a school trip they must take their medication with them. Only those non-prescribed medicines that have had prior approval given by a GP and prior written consent received from the parent/carer should be administered to students (for a maximum of 1-2 days only).
- We must receive written assurance from parents that they have contacted their child's GP if they are giving any tablets/medicine for the trip e.g. travel sickness tablets.
- There is no legal duty for any member of staff to administer medication unless they have been specifically contracted to do so, though many are happy to take on the role. School staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include administering medication.

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

Request for School to Administer Prescribed Medicine

The school will not give your child medicine unless you complete and sign this form, enclosing the prescribed medication

<u>DETAILS OF STUDENT</u>	
Surname: _____ Forename: _____	
Tutor: _____	
Date of birth: _____ Address: _____	
Known allergies/illness: _____ <small>(e.g. asthma, diabetes, epilepsy, allergy, migraines, Hayfever, IBS, eczema etc)</small>	
<u>MEDICATION</u>	
Name and type of medication: _____ Amount supplied: _____	
Condition or illness: _____ Form supplied: <u>Tablets/Box/Liquid</u>	
Start date of course of treatment: _____ End date of treatment: _____ <small>(Note: Doctors are able to prescribe medication that can be taken at home in the mornings, after school and bedtime - therefore some medicines may not need to be taken at school and will be returned to the parent/carer)</small>	
Are there any known side effects from the medication that the school needs to know about? _____	
★ Is the medicine enclosed: <u>Yes / No</u> . are unable to administer any medication unless this has been provided by parents/carers in the original container with name of patient, dosage & expiry date visible.	
Name of person who brought in medication: _____ Relationship: _____	
<u>PARENT/GUARDIAN/CARER CONTACT DETAILS</u>	
Name: _____ Relationship to Student: _____	
Mobile number: _____ Other telephone number: _____	

TDAP037C

STUDENTS WITH SPECIFIC MEDICAL NEEDS POLICY

- The administering of medication to students is a common source of concern and there is no legal or contractual duty on school staff to administer medicine or supervise a student taking it. Staff only have to supervise students who can self-administer asthma inhalers and other prescribed medication.
- Only those non-prescribed medicines that have had prior approval given by a GP and prior written consent from the parent/carer can be administered to students. Any prescribed medication provided by parents/carers must be in the original container with patients name & dosage on the pharmacy label.
- If your child is not feeling well whilst they are at home, you may wish to give them medication before they leave the house so that your child feels a little better before they get to school.
- Students must endeavour to develop independence in managing their own medical needs where appropriate.

I understand that either I or my child must deliver the above medication (in the original box showing the patient name, label and expiry date) personally to the school and accept that this is a service which the school is not obliged to undertake.

I also understand that my child can be given medical emergency assistance and/or medication when the primary carers are not able to be reached, and that the medical information contained in this form may be disseminated to other staff across the school as appropriate, in accordance with the school's Medical Needs policy.

I give consent to the school that medication, including paracetamol or ibuprofen, may be administered to my child.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the prescribed medication provided by the parent/carer or if the medicine is stopped or has expired.

Signature of parent/guardian Date: