



Nailsea School

Medical Needs Policy

Headteacher Mrs D. Elliott

Medical Needs Policy

1. Rationale

- 1.1 Section 100 of the **Children and Families Act 2014** places a duty on the proprietors of the school to make arrangements for supporting students with medical conditions. 'Appropriate authorities' must have regard to this guidance when carrying out their statutory duty to make arrangements to support students at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities
- 1.2 This policy is focused on students with an ongoing medical condition

2. Purpose

- 2.1 To maintain a focus on each individual student with a medical condition and seek to give parents and students confidence in the school's ability to provide effective support for on-going medical conditions in school, and management of short term medical arrangements

3. Guidelines

- 3.1 It is the responsibility of Parents/Guardians to notify the school that their student has a medical condition
- 3.2 An appointed, and qualified member of the School Pastoral team will meet with the parent/guardian or a specialist (e.g. diabetic nurse) to prepare and agree an "Individual Health Care Plan" (IHCP) for the student, where needed, which will be implemented within 2 weeks of the meeting
- 3.3 The School Pastoral team will maintain a focus on each individual student with an IHCP in order to give parents/guardians and student confidence in the school's ability to provide effective support. The school will always aim to;
 - 3.3.1 have a good understanding of how medical conditions impact on a student's ability to learn
 - 3.3.2 increase the student's confidence
 - 3.3.3 promote self-care
- 3.4 Where the IHCP (see section 4) identifies recording of information on a regular basis to assist with the students well-being (e.g. diabetic readings) then this will be recorded by the school's first aid team on the School Information Management System (SIMS). Any paperwork will be retained in a restricted access office, accessed by the first aid/pastoral team, as appropriate
- 3.5 Students will be positively encouraged to take responsibility and this will be reflected in the IHCP however; where a student is reluctant to take on this responsibility, the school will support the student to reach the level of responsibility agreed and documented in the IHCP
- 3.6 Where possible students will carry their own medicines or devices or be able to access them quickly
- 3.7 No student will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed
- 3.8 The circumstances in which the school will administer prescription medicines will be set out in the IHCP. Where non-prescription medicines are not covered in the IHCP, on the 'Parental Agreement to Administer Medication' form

4. Individual Health Care Plans (IHP's)

- 4.1 Individual Health Care Plans "IHP" exist to document a student's medical needs and provision being made for those needs. They are a useful tool for the school to use to ensure that it meets the needs of the student. They are written with input from all the relevant parties including the school Pastoral Team, welfare assistant and parent.
- 4.2 IHPs will be developed with student's best interests in mind and will ensure that the school assesses and manages risks to the student's education, health and social well-being and minimises disruption
- 4.3 IHPs will be reviewed at least annually or earlier if evidence is presented that the student's needs have changed
- 4.4 The following Information will be recorded on IHPs:
 - 4.4.1 the medical condition, its triggers, signs, symptoms and treatments
 - 4.4.2 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
 - 4.4.3 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
 - 4.4.4 the level of support needed, (some students will be able to take responsibility for their own health needs), including in emergencies. If a student is self- managing their medication, this should be clearly stated with appropriate arrangements for monitoring
 - 4.4.5 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
 - 4.4.6 who in the school needs to be aware of the student's condition and the support required
 - 4.4.7 arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the student during school hours
 - 4.4.8 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
 - 4.4.9 where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
 - 4.4.10 what to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

5. Managing Medicines on School Premises

- 5.1 Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so
- 5.2 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- 5.3 No student under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort should be made to encourage the student or young person to involve their parents while respecting their right to confidentiality
- 5.4 A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor
- 5.5 Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- 5.6 The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is injector pens which must still be in date, but may be made available inside an anaphylactic injector pen or insulin pen/pump, rather than in its original container
- 5.7 All medicines should be stored safely. Students 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 adrenaline pens should be always readily available to pupils and not locked away. This is particularly important to consider when off school premises e.g. on school trips
- 5.8 A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a student securely stored in a non- portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school
- 5.9 Appropriately trained school staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted
- 5.10 When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

6. Unacceptable Practices

- 6.1 It will be unacceptable to:
 - 6.1.1 prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary
 - 6.1.2 assume that every student with the same condition requires the same treatment
 - 6.1.3 ignore the views of the student or their parents; or ignore medical evidence or opinion, (although this may be challenged)
 - 6.1.4 send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans

- 6.1.5 if the student becomes ill, send them to the first aid room unaccompanied or with someone unsuitable
- 6.1.6 penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- 6.1.7 prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- 6.1.8 require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues
- 6.1.9 no parent should have to give up working because the school is failing to support their student's medical needs
- 6.1.10 prevent students from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips

7. Staff Training

- 7.1 The school has a responsibility to ensure staff are properly trained and any member of staff providing support to a student with medical needs will receive suitable training
- 7.2 Staff must not give prescription medicines or undertake health care procedures without appropriate training

8. Review

- 8.1 This policy will be reviewed annually
- 8.2 The Head Teacher and Chair of Governors will be responsible for carrying out the review with guidance from the H&S Officer where required

9. Related Documents

- 9.1 Children and Families Act 2014
- 9.2 Supporting pupils at school with medical conditions, statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015
- 9.3 Health and Safety Policy
- 9.4 GDPR and Data Protection policies and practice

Author: Operations Manager
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