Medical Needs

Policy

Last reviewed date: Summer Term 2024

Adopted by Trustees date: 15th July 2024

Next review date: Summer Term 2025

# **Purpose**

The purpose of the Policy for Supporting students at St Andrew’s School with Medical Conditions is 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

The Trustees and SMT will implement the 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
* Providing supply teachers with appropriate information about the policy and relevant students
* Developing and monitoring individual healthcare plans (IHPs)

This policy meets the school’s statutory requirements under section 100 of the [Children and Families Act 2014](http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted) which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units (PRUs) to make arrangements for supporting students at their school with medical conditions.

This Policy pays due regard to the Department for Education’s statutory guidance [Supporting pupils at school with medical conditions](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf).

# **Roles & Responsibilities**

## 2.1 The Trustees

The Trustees must make arrangements to support students with medical conditions in school, including making sure that a policy for supporting students with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support students with medical conditions.

## 2.2 The Head

The Head will ensure that their school’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. The Head will ensure that all staff who need to know are aware of the student’s condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Head has overall responsibility for the development of individual healthcare plans, will make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. The Head will ensure that contact is made with Norfolk health care professionals (HCP) in cases where further guidance to support the management of the student’s health need is required. This may include signposting to other HCP or organisations.

## 2.3 Parents

Parents will provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child’s individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they, or another nominated adult, are always contactable. Where a student is identified as having complex health needs which may require additional staff funding, or the management of more specialised equipment, please consult the NCC Guidance for managing Children and Young People with complex medical care needs in educational settings.

## 2.4 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other students will often be sensitive to the needs of those with medical conditions.

## 2.5 School Staff

Any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should consider the needs of students with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

## Norfolk HCP team

The school has access to school nurses and other health practitioners via the Just One Number (0300 300 0123) Single Point of Access: [www.justonenorfolk.nhs.uk](http://www.justonenorfolk.nhs.uk). Schools can contact the service for advice and support when a young person has a health condition and needs additional support and advice. Where a health condition is impacting on school attendance, schools can also refer young people for a Health assessment to help explore the impact of their health needs. Where a student is already open to more specialist/community nursing or medical services, the HCP team may recommend liaison with the specialist service in the first instance. School/community/specialist nursing services may be able to provide advice on developing individual healthcare plans and support associated staff training needs. The Children & Young People’s Health Services (Norfolk HCP) website also offers a range of online information and resources for children, young people, families and professionals: [www.justonenorfolk.nhs.uk/our-services](http://www.justonenorfolk.nhs.uk/our-services)

## 2.7 Other Healthcare Professionals

Other healthcare professionals, including GPs, paediatricians and mental health professionals, may communicate with schools when a student has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for students with particular conditions (e.g. asthma, diabetes, epilepsy).

# **Staff Training & Support**

Any member of school staff providing support to a student with medical needs should have received suitable training.

Trustees and the SMT should ensure that the school’s policy sets out clearly how staff will be supported in carrying out their role to support students with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

This should include references to staff training on:

* the development or review of individual healthcare plans [IHPs]
* an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
* whole-school awareness training so that all staff are aware of the school’s policy for supporting students with medical conditions and their role in implementing that policy
* relevant healthcare professionals should be able to advise on training that will help ensure that all medical conditions affecting students in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs

Training for specific conditions may be available via external websites for example:

* [www.asthma.org.uk](http://www.asthma.org.uk)
* [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)
* [www.epilepsy.org.uk](http://www.epilepsy.org.uk)
* To discuss sources for training for specific health conditions contact the Just One Number (0300 300 0123)
* Awareness of other relevant NCC policies including those for students with complex medical care needs/intimate care needs

# **Managing Medicine on School Premises**

Medicines will only be administered at school when it would be detrimental to a student’s health or school attendance not to do so.

* no student under 16 will 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 will be made to encourage the student to involve their parents while respecting their right to confidentiality
* the school has clear arrangements in which non-prescription medicines may be administered
* students under 16 will never be given medicine containing aspirin unless prescribed by a doctor
* medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents
* where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours
* schools will only accept prescribed medicines if these 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 insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
* all medicines should be stored safely. Students will know where their medicines are at all times and be able to access them immediately. Where relevant, they will 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 students and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
* 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
* 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 student for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held
* 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. Schools should 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 should be noted in school
* self-management by students; wherever possible, students are allowed to carry their own medicines and relevant devices or can access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines

## 4.1 Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](http://www.legislation.gov.uk/uksi/2001/3998/contents/made) 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 LOCKED cupboard in the first aid room and only relevant staff supporting the student in question will have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

# **Record Keeping**

The Trustees and SMT will ensure that written records are kept of all medicines administered to students – including medication refusals or errors.

# **Pregnant students and school age parents**

Norfolk County Council Medical Needs Service has developed guidance to help schools support pregnant students and school age parents. The policy provides links to national guidance and services within Norfolk which can offer support. It highlights the responsibilities of schools, and actions that schools can take to keep the pregnant student safe and ideally, remaining in education. The [Pregnant pupils policy for schools](https://www.schools.norfolk.gov.uk/pupil-needs/health-needs/medical-needs-service) can be accessed via the Medical Needs Service webpage. There is also a template School Care Plan for schools to use to document and review information and support agreed.

# **Individual Healthcare Plans**

The Head has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to Julie Vincent.

Plans will be reviewed at least annually, or earlier if there is evidence that the students’ needs have changed. Special consideration needs to be given to reviewing the plan when a young person is transitioning to a different setting or reintegrating back into school after a period of absence.

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 no consensus, the Head will make the final decision.

Plans will be drawn up in partnership with the school and parents/carers with advice from a relevant healthcare professional, such as a member of the HCP team, a specialist nurse, allied health professional or pediatrician who can best advise on the student’s specific needs. The students will be involved wherever appropriate. If healthcare professionals cannot offer advice in person, they may provide written guidance or information.

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 student’s condition and how much support is needed. The Trustees, the Head and Julie Vincent with responsibility for developing IHPs, 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
* Who outside the school needs to be aware of the student’s condition and the support required (with appropriate consent from the young person and family) – for example school transport provided by local authority
* Arrangements for written permission from parents and the Head for medication to be administered by a member of staff, or self-administered by the student 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 student can participate, e.g. risk assessments. Please consider large or split school sites
* 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 medication administration errors), including who to contact, and contingency arrangements

# **Emergency Procedures**

Trustees and the Senior Management Team (SMT) should ensure that the school’s policy sets out what should happen in an emergency.

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Where a student has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student needs to be taken to hospital, staff should stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance. Schools need to ensure they understand the local emergency services’ cover arrangements and that the correct information is provided for navigation systems. It is important to ensure emergency treatments (for example asthma inhalers/adrenaline auto injectors) are always available – this may include consideration of when students are off-site but also accessing multiple areas across a large school site for different parts of their curriculum.

Example templates for managing medication, IHP’s and contacting emergency services are included in [Supporting pupils at school with medical conditions](http://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3).

# **Equal Opportunities**

The Trustees and the SMT will ensure that the school enables students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely in 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.

The school acknowledges the [Equalities Act 2010 and schools](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality_Act_Advice_Final.pdf) and works proactively to support all its students.

# **Unacceptable Practice**

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the student’s individual healthcare plan, it is not generally acceptable practice 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; or ignore medical evidence or opinion (although this may be challenged)
* send students 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 individual healthcare plans
* 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
* 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 students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the student

# **Attendance**

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or because of an increase in symptoms or deterioration of their overall health condition. Parents have a responsibility to advise schools of any planned appointments or predicted absence due to surgery/therapeutic intervention. Schools have a responsibility to [code this absence appropriately](https://www.schools.norfolk.gov.uk/pupil-safety-and-behaviour/school-attendance/school-attendance-guidance-and-legislation). If a school does not have sufficient information regarding a young persons’ health condition, and it is impacting on school attendance, they may contact the Just One Number (0300 300 0123) Single Point of Access: [www.justonenorfolk.nhs.uk](http://www.justonenorfolk.nhs.uk) to request a school nurse attendance health check. If this process does not identify sufficient information schools can also contact GPs with parental consent, utilising the NCC Joint Protocol between Health Services and Schools. If absence due to a medical condition is noted to be for more than 15 days, schools should consult the [NCC Medical Needs Service](https://www.schools.norfolk.gov.uk/pupil-needs/health-needs/medical-needs-service) for advice and support.

# **Liability & Indemnity**

The Trustees and SMT will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

# **Complaints**

The Trustees and SMT will ensure that the school’s policy sets out how complaints concerning the support provided to students with medical conditions may be made and will be handled.