

Supporting students with medical needs policy

Approved by RET Board

Approved on July 2017

SLT contact Headteacher

Revision due Every 2 years



1. Rationale

- a. The Children and Families Act 2014 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 pupils at their school with medical conditions.
- b. This duty will come into force from September 2014 and is set out in section 100 of the [Children and Families Act 2014](#)
- c. This policy is based upon statutory guidance April 2014
- d. For further information regarding First Aid see RET 'First Aid and Administration of Medicines Policy'. This Policy is designed to support children with longer term needs

2. The school will:

- a. Name a member of staff whose responsibility it is to ensure sufficient staff are suitably trained in dealing with short and specific long term illnesses.
 - b. Ensure that all relevant teaching staff of a child with an ongoing medical condition are informed and updates are available on specific medical conditions on at least an annual basis. Significant changes will be announced as necessary by the named person.
 - c. Ensure that more than one member of staff is trained to deal with specific issues so that staff absence/turnover does not affect support and provision.
 - d. Ensure that supply or temporary teachers are briefed on appropriate cases where relevant.
 - e. Ensure that specific and appropriate risk assessments are in place for school visits, holidays and other activities outside the normal school timetable.
 - f. Ensure that there is an Individual Healthcare Plan for any student with an ongoing medical condition.
 - g. Ensure that there is a named person who monitors one or more Individual Healthcare Plans and a procedure in place for doing so.
 - h. Ensure that any mid year or post Year 7 transfer or return to school following a period of hospital education or alternate provision (including home tuition) includes communication with the local authority and previous education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
3. When the school is notified that a child has a medical condition, the following action will be taken:
- a. The IHP will be written and in place within two school weeks (with or without a formal diagnosis).
 - b. Where a medical condition is unclear, or where there is a difference of opinion, judgements will be taken based on the available evidence by the named lead in school in discussion with the Headteacher. This would normally involve some sort of medical evidence and a discussion with parents.
 - c. Where a child has separate or associated Special Educational Needs, these will be detailed on the IHP and information about the IHP added to the child's 'chronology'.

4. Writing and Review

- a. An individual healthcare plan will be put in place for one or a combination of the following reasons:
 1. A medical condition is ongoing
 2. A medical condition fluctuates
 3. The student requires medication, therapy, treatment or other intervention to maintain their health while in school.
 4. There is a high risk that emergency intervention will be necessary at some point
 5. The school, associated healthcare professional and parent agree that there should be one in place. If agreement cannot be reached, the Headteacher should take the final decision. See Appendix A for identification of where an Individual Healthcare Plan is needed.

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- b. Reviews of IHPs will occur:
 - 1. When a child's condition and needs change
 - 2. On an annual basis at a minimum.
 - 3. Termly if a child's needs are specialist and/or acute.
- c. The governing body of the school will ensure that IHPs are developed with the child's best interests in mind and that the school assesses and manages risks to the child's education health and social well-being and minimises disruption.

5. Storage and Accessibility of IHPs

- a. Individual Healthcare plans will be accessible to all professionals who need them in school. This will normally consist of the Headteacher, the named person responsible for the IHP, the SENCo (if a different person), the people tasked with support for the student or administration of medication e.g. TA or First Aider. They will however, be treated as a confidential document and therefore not be stored in a public area accessible by all staff and/or other students.

6. Format and Content of IHPs

- a. If a local format exists for IHP's then the school will adopt that.
- b. In the absence of a common local IHP format appendix B provides a basic format. The level of detail will depend on the needs of the child and degree of support required.
- c. It will not be assumed that a child with the same condition as another will automatically need the same provision detailed on their IHP. Each case will be considered individually.

7. Drawing up IHPs

- a. An IHP will be drawn up following communication and agreement between:
 - 1. The school
 - 2. The parents
 - 3. A relevant healthcare professional (specialist or children's community nurse)
 - 4. The child (wherever possible). The aim of the IHP is to ensure that barriers to education are removed. This means that wherever possible, the child must be involved in the process.

8. Roles and Responsibilities

- a. The Governing Body will ensure that
 - 1. School policy clearly identifies the roles and responsibilities of all those involved in arrangements they make to support students at school with medical conditions.
 - 2. The policy is developed, reviewed regularly and implemented.
 - 3. Sufficient staff have received training and are competent to support children.
 - 4. Information about students with ongoing medical conditions is easily accessible to relevant staff.
 - 5. Written records are kept of all medicines administered to children.
 - 6. There is an emergency situation plan in place
- b. The Headteacher will ensure that
 - 1. Policy is developed where necessary and effectively implemented with partners.
 - 2. Staff are aware of the policy and understand their role in its implementation. Whole school awareness training is calendared and delivered.
 - 3. Relevant staff are aware of a child's condition
 - 4. Sufficient trained numbers of staff are available to implement the policy and deliver against IHPs
 - 5. Overall responsibility is taken for the development of IHPs
 - 6. Appropriate insurance is in place for staff

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7. The School Nurse is contacted where a child presents as needing support but doesn't yet have an agreed IHP
- c. The Named Lead will ensure that
 1. IHPs are written in the appropriate timeframe and that the appropriate parties are involved
 2. They set and meet deadlines for review of IHPs
 3. They initiate and write IHPs where necessary
 4. Appropriate staff are appropriately and regularly trained to action IHPs (type of training will be agreed with the School Nurse or Health care provider)
 5. Appropriate staff have access to IHP info
 6. All relevant staff understand the child's condition even if they do not have access to the IHP
 7. Support staff* are carrying out aspects of IHP action as appropriate.
 8. Written records are kept of all medicines administered to children.
**In this context 'support staff' means any member of staff who has been the responsibility of auctioning part of an IHP action*
- d. The Support Staff will ensure that
 1. They action IHP support as often as the IHP deems necessary
 2. Relevant training is attended as necessary
 3. They have read and understand appropriate IHP information and other medical documentation as necessary
- e. Healthcare Professionals – School Nurse will ensure that
 1. A school is notified when a child has been identified as having a medical condition which will require support in school.
 2. Support school staff and provide advice and liaison and possibly training.
 3. Liaise with lead local clinicians to ensure that school information is accurate and up to date.
 4. Should the school be unable to communicate with a school nurse, then the Local Authority and relevant health care provider will be contacted to provide information.
- f. Parents
 1. Should be asked to provide up to date information about their child's medical needs at least once termly if their child has an IHP, even if this is only a verbal update.
 2. Should be involved in IHP drafting and review.

9. Managing Medical Needs and Medicines

- a. Self-Medication:
 1. Children who are competent enough to manage their own health care and needs will be encouraged to do so and provided with appropriate facilities and materials as deemed necessary on the IHP. This will be discussed with parents.
 2. Children will wherever possible be allowed to carry their own medications and devices so that they may self-medicate quickly and easily.
- b. Where it is not appropriate for a child to self-medicate, relevant staff will help them administer medicines and manage procedures for them.
- c. Procedure on school site
 1. Medicine will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
 2. No child under 16 will be given prescription or non-prescription medication without parental written consent

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3. No child will be given aspirin unless prescribed by a doctor and consent written by a parent.
4. Medicine will only be accepted if it is in date, labelled, provided in the original container and contains instructions for administration, dosage and storage. The exception to this is insulin which is usually available in a pump and not its original container.
5. No child will be permitted to pass a medication to another child. If monitoring is impractical then the school will keep controlled drugs in a non-portable container accessible only by named staff.
6. A record will be kept of any doses used, the amount of the drug held at the school, who a drug has been administered to, when, how much and by whom. Any side effects noticeable at school will be noted.
7. When no longer required, medicines will be returned to parents for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

10. Emergency Situations

- a. IHPs will define what will constitute an emergency for a child and what action to take in the event of such.
- b. All children will know what to do in the event of an emergency ie inform staff.
- c. If a child needs to be taken to hospital, a staff member will stay with the child until the parent arrives or accompany the child to hospital.
- d. The school will ensure it understands the local emergency services cover arrangements and that they provide services with the correct information for navigation systems.

11. Day Trips, residential Visits and Sporting Activities

- a. A separate risk assessment for a child with an ongoing medical condition will be written. This will be accessible to all staff on the trip or visit so that they are aware of how to support the child. The risk assessments will contain reasonable adjustments where possible and health professionals will be consulted when writing one.

12. Unacceptable Practice.

The school will not:

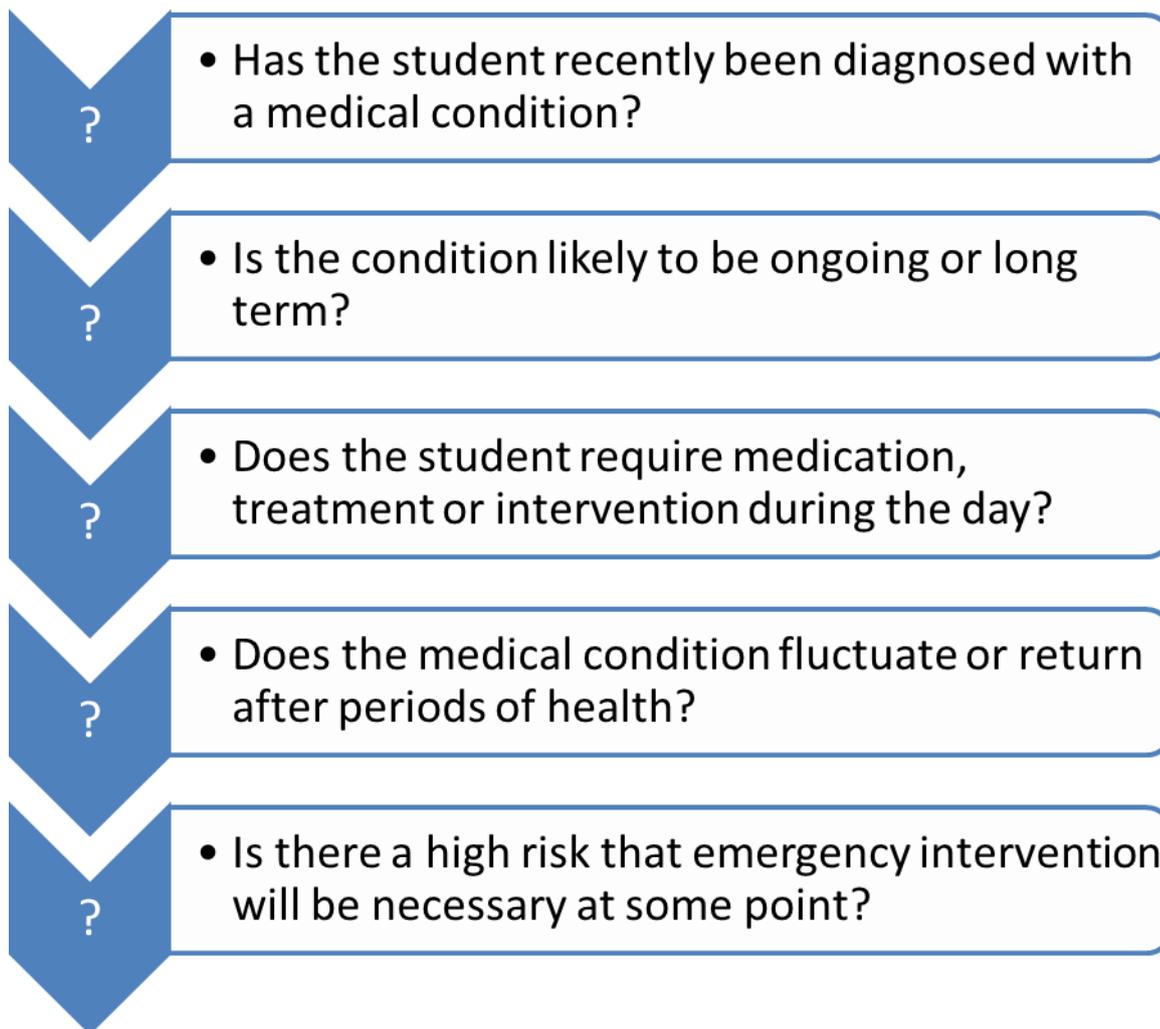
- a. Prevent children from easily accessing and appropriately administering medication as and where necessary.
- b. Assume that every child with the same condition requires the same treatment
- c. Ignore the views of the child or the parents or ignore medical evidence or opinion (although it is acceptable to provide reasonable challenge in some circumstances)
- d. Send children with medical conditions home frequently or prevent them from staying for normal school activities unless this is specified in their IHP.
- e. Send the child to the medical room unaccompanied or with someone unsuitable if they become ill.
- f. Penalise children for their attendance record if absence is related to ongoing diagnosed illness or appointments.
- g. Prevent children from drinking or eating or going to the toilet/taking other breaks whenever they need to in order to manage their condition effectively.
- h. Require parents to attend school regularly to administer medication or provide medical support including with toileting.
- i. Prevent children from participating or create unnecessary barriers in any aspect of school life including school trips e.g. by requiring the parent to accompany the child.

13. Complaints

- a. Should a parent or other professional be unsatisfied with a school's support they should make a formal complaint via the school complaints procedure.

Appendix A

Is an Individual Healthcare Plan Required?



If the answer to any of the above questions is yes then the school, associated healthcare professional and parent should discuss whether or not an IHC is needed.

If agreement cannot be reached, the Headteacher should take the final decision.

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