



Medical Policy 2018-2019

Date of Last Review: May 2019

Date of Next Review: July 2020

Supporting Students with Medical Conditions 2018-2019 Introduction

The aim of this policy is to ensure that young people with medical conditions are supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This is in line with *“Supporting Pupils at School with Medical Conditions, Statutory Guidance”*, DfE, April 2014, updated December 2015.

Responsibilities

- The named person who has overall responsibility for policy implementation is Mrs Z Pett, Vice Principal
- The named person who has responsibility for overseeing staff training on medical needs is Miss A Hughes, SENCO
- The Lead First Aider is Ms L Etherington
- The named person responsible for storage is Ms L Etherington and administration of medicines is a named first aider.
- The named person who has overall responsibility for the development and review of Individual Health Care Plans (IHCPs) is Miss A Hughes
- The named person responsible for supporting and advising the School on the development of IHCPs is the School Nurse (Oxleas NHS). This is in conjunction with the Greenwich Council’s Nursing Team and relevant healthcare professionals e.g diabetic nursing team, G.Ps and consultants.

Medical Needs

All medical needs have been entered onto SIMs after information is collated at the transition stage and amended as applicable when we have an update in writing from parents/carers.

Individual Healthcare Plans (IHCPs)

For some students with more complex medical needs, in addition to those on their SIMs profile, they will have an Individual Healthcare Plan (IHCP) held in the SENCO office and shared with key staff.

The school will work with the relevant healthcare professionals, the school nurse, parents/carers and the young person to decide when a healthcare plan would be appropriate and proportionate.

The format of the IHCP may vary depending on the needs of the individual but aims to capture the key information and actions that are required to support the young person in school effectively. This should include:

- the medical condition, its triggers, signs, symptoms and treatment
- response to emergencies.

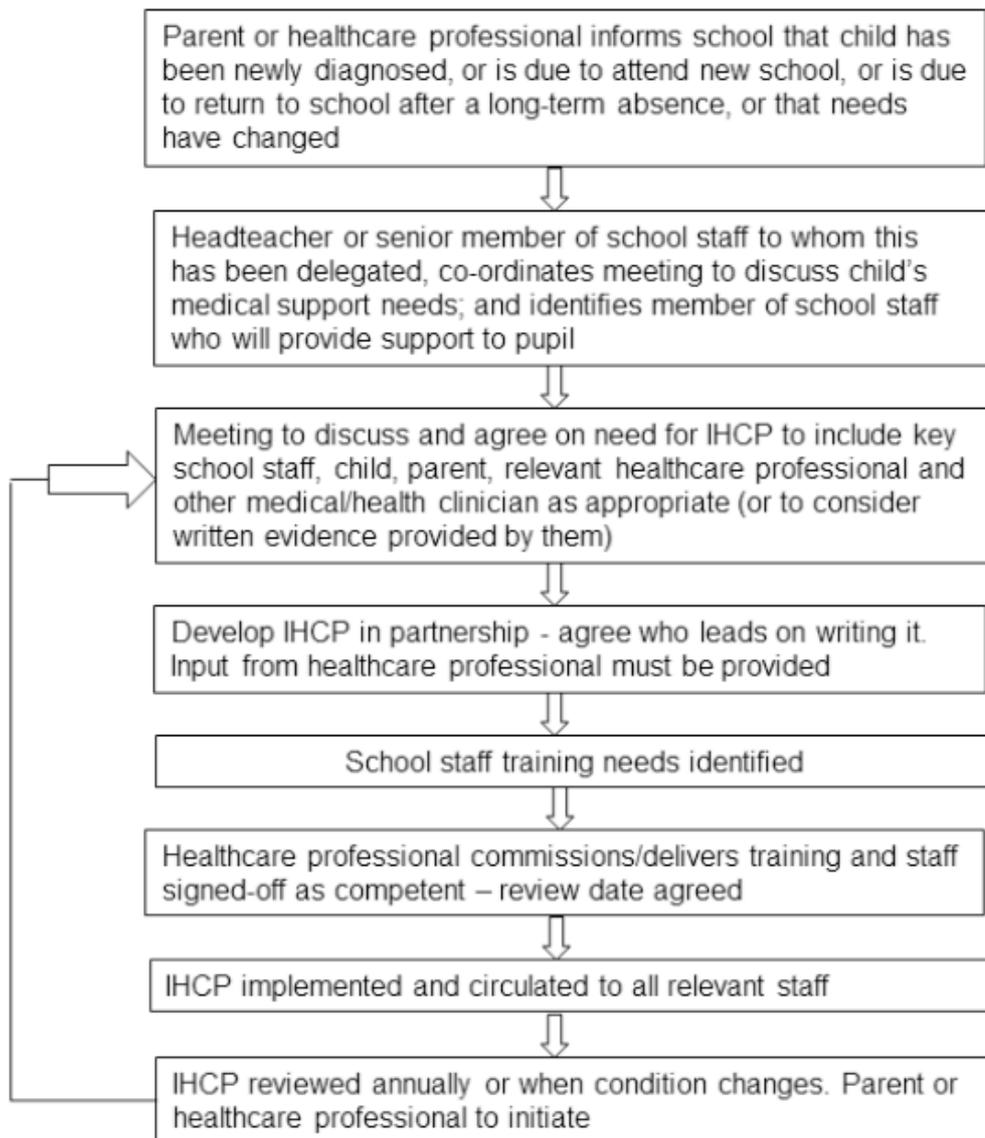
IHCPs should be reviewed annually or when the condition changes, in conjunction with a relevant healthcare professional. It is the parent's responsibility to provide the school with up-to-date information about their child's medical condition.

NB: whilst the production and on-going review of the IHCP is completed in partnership with parents/carers, young person and relevant healthcare professional, the school maintains the responsibility of ensuring the plan is finalised and put into practice.

For further information on the process of developing IHCPs see flowchart below.

- needs arising from the medical condition e.g. medication, equipment, access to facilities or special arrangements including support for emotional/social needs where relevant
- agreed arrangements for management of medication, including self-management where appropriate

Model Process for Developing IHCPs (*Supporting pupils at school with medical conditions: statutory guidance December 2015, DfE*)



NB: Parents/carers must seek professional medical advice/attention if they have concerns about their child: first-aiders are not medically trained professionals.

Staff training

- Where required, members of staff providing support to a student with specific medical needs will receive suitable training. This training is recorded by Human Resources. This includes a record of staff who have received first aid training and the date of renewal.
- General staff training linked to the Medical Protocol is delivered annually and forms part of on-going Safeguarding training and briefings.

The young person's role in managing specific medical conditions

In discussion with parents, students who are competent will be encouraged to take responsibility for managing their own medicines and procedures and where relevant, this should form part of the IHCP if required. This is particularly relevant in terms of long-term conditions such as diabetes, when self-management can be key to maintaining a student's independence and emotional wellbeing.

DIABETES: For many young people with diabetes, holding their own medication/equipment is central to their self-management of the condition and Diabetes UK advises against any blanket approach that does not take account of the needs and wishes of the young person. The student's management of the condition will be laid down in the IHCP, as agreed with the school, parent or carer, school nurse and diabetic nurse.

ASTHMA: Students should carry their own reliever inhaler at school and keep this in their possession, for relief of symptoms and in the event of an asthma attack. The School is happy to hold second emergency inhalers, this should be provided to the Main School Office in date and clearly labelled with the child's name, family group, expiry date. It is the parent's responsibility to ensure that the inhaler held in school remains in date. If a student with asthma requires additional support, this can be facilitated within school through the school nurse, following contact from parents. If a student uses their asthma pump they/a member of staff are to inform reception so we can log this and inform parents.

(Guidance of the use of emergency salbutamol inhalers in school, March 2015, Department of Health) (NHS Guidance, London Schools Guide for the care of young people with Asthma).

ANAPHYLXIS: students should carry their own auto-injector (e.g. Epi-pen) with them at all times. A second auto-injector is held in the main school office next to the medical room. **It is the parent's responsibility to ensure that students carry their own auto-injector and that spare auto-injectors held in school are in date and to provide new ones before the expiry date.**

Students with any form of food-based allergy or intolerance can seek advice directly from their Head of Year who is able to accommodate individual requirements wherever possible.

Managing other medication on the school premises

- Medicines should only be administered at school when it would be detrimental to a young person's health or school attendance not to do so: where possible, medication should be administered before or after school in the home environment.
- Unless an agreement is in place (see specific conditions outlined above) medication required in school should be handed into the main reception. The School will only accept medication that is in-date, clearly labelled with the student's name, family group, provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage as part of the written consent given by parent/carer. Where necessary, verbal consent can be given and will be recorded by the school.
- No young person under 16 should be given prescription or non-prescription medicines without their parent's consent.
- A young person under 16 will never be given medicine containing aspirin unless prescribed by a doctor.
- Prescribed medication should never be administered without first checking dosage and when the previous dose was taken. A record of medication administered is held, including name of member of staff, student name, date, time and dosage: the person responsible for ensuring this record is maintained is the school's main office.
- It is the parent/carer's responsibility to ensure that any medications held in school are in date and replacements provided prior to medication passing its use-by date.
- All medicines will be stored safely: the person responsible for ensuring correct procedures are in place is Ms Etherington Lead First Aider. Where held by the school, students will know where their medicines are at all times and be able to access them quickly. Emergency medications e.g. auto-injectors are kept in the medical room, next to the main school office.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. If required, sharps boxes will be used for the disposal of needles and other sharps. The person responsible for ensuring correct procedures are in place for disposal of out-of-date medications is Ms L Etherington, Lead First Aider.

Record Keeping

First aid incidents are recorded in the log held in Student Services. Details include date, time, student name, reason, action taken and staff name. Records from previous years are archived by the Lead First Aider, Ms Etherington

Unless an agreement is in place (see specific conditions outlined above) all medication required in school (both prescribed and non-prescribed) should

be handed into the main reception. The School will only accept medication that is in-date, clearly labelled with the student's name, family group, provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage as part of the written consent given by parent/carer. Where necessary, verbal consent can be given and will be recorded by the school.

All medication taken (when we have been informed) will be logged on our medication record (Appendix 1). If a student has refused to take their medication then this will also be recorded and their parents will be informed.

Emergency procedures

- Training delivered in conjunction with staff induction, SEN updates and safeguarding, indicates what actions should be taken in an emergency, supported by flow charts displayed in key areas.
- Where a student has an IHCP, this will clearly define what constitutes an emergency and explain what to do for that specific individual, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- The first aider will make a balanced judgment as to whether there is a requirement to call an ambulance and will check this with a member of the leadership team immediately unless the student hits the criteria in the bullet points below. In most circumstances, an ambulance would be called by the first- aider attending or a member of the administrative team. However, should an ambulance be called by another member of staff, the main office should be alerted immediately so they can support with the necessary arrangements.

An ambulance will always be called in the following instances:

- In the event of a serious injury or unconsciousness
- In the event of any significant head injury
- Where there is the suspicion that a young person has taken any form of overdose.

Parents will be notified in the event that the student requires hospital treatment and where the parents cannot be contacted prior to attendance, the qualified First Aider/Appointed Person/another member of staff will accompany the student to hospital and remain with them until the parent/carer can be contacted and arrive at the hospital.

On occasions, a student may need to be taken to hospital without the support of an ambulance or the parent/carer who may be delayed in getting to the school. In these circumstances, the welfare of the young person is the priority. If it is felt that a delay would be harmful to the young person and with the parent/carer's consent if it can be secured quickly, an appropriate member of staff will use their own vehicle to get to the hospital, supported by another member of staff wherever possible.

Visits and Residential trips

Once a trip is approved by the Principal, trip leaders must consult with Ms Ethrington (Lead First Aider) and/or Mrs Z Pett (Vice Principal) (in the early stages of planning a trip) to identify specific medical needs of students attending, which should be incorporated into the risk assessment or in an individual risk assessment where required. Any medications normally held in school and taken on the trip e.g. auto-injectors, must be signed out of the medical cupboard with the office staff and returned and signed back in immediately on return. However, as outlined in the NHS guidance it is encouraged that students carry their own medicines such as inhalers and if they do not have one on the day of the trip they can sign out their spare from the main office. If requested a teacher may carry these for the student and the lead teacher must ensure that they have collected and returned their medicine.

Arrangements for students who are unable to attend school due to medical conditions

Where young people cannot receive a suitable education in mainstream school due to their health needs, the local authority has a duty to make alternative arrangements (*Ensuring a good education for children who cannot attend school because of health needs, DfE, January 2013*). Where a student is declared "unfit for school" by the appropriate medical professional, a referral is made to Fair Access Panel so that provision can be agreed.

The school maintains a flexible, pragmatic and personalised approach to support students in reintegration to school following an extended period of absence due to medical reasons. This is planned in partnership with parents/carers and the young person.

Where a student has been to hospital and given crutches or has a serious injury that stops them from using the stairs, a risk assessment will be arranged with Mrs Moss, Assistant SENCO put her title not name or as well as and lift access will be made available. Students may only use a lift with a member of staff and all staff will be made aware of this. Special access/travel arrangements will be noted on the risk assessment which will be signed by the school, students and parent/carer.

Liability and indemnity

The governing body will ensure that appropriate levels of insurance are in place to cover staff supporting students with medical needs, including liability cover relating to the administration of medication.

Complaints

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint using the school's complaint procedure.

