

# VERTON GRANGE SCHOOL

## POLICY (Statutory)

### MEDICAL NEEDS (HEALTHCARE) POLICY (incorporating: supporting students with medical conditions; children with health needs who cannot attend school; first aid in school)

Govs. Comm. CURRICULUM & STUDENT

#### Reason for the policy

- To ensure that students with medical needs have access to a full education with the same rights of admission to the school as other students
- To ensure that the school follows national and local policies and guidelines.
- To provide a clear procedure for the administration of medicines to students at Overton Grange School.

The DfE guidance states that:

- *Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.*
- *Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.*
- *Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.*

Overton Grange School aims to adhere to the requirements of the Equalities Act by implementing this policy.

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE DEC 2015
- 0-25 SEND Code of Practice, DfE 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 2014
- Keeping Children Safe in Education (KCSIE), DfE

#### How is the policy going to be put into practice?

The school will follow national guidelines for supporting students with medical needs (*Supporting pupils at school with medical conditions, December 2015, DfE*)

## Procedure to be followed when notification is received that a student has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when students' needs change.

For students being admitted to the school for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a student moving to the school midterm, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual student and how their medical condition impacts on their school life.

We aim to ensure that parents/carers and students can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the student's ability to learn, as well as increase their confidence and promote self-care.

We will:

- Ensure that staff are properly trained and supervised to support students' medical conditions and will be clear and unambiguous 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 in doing so.
- Make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- Make sure that no student with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all students' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a student in school at times where it would be detrimental to the health of that student or others.

Overton Grange School does not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/ carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

### **Dietary and allergen requirements**

Overton Grange School aims to cater for all students' dietary and allergen requirements. All products used in catering and Food Technology are checked before being used by students for the specific current student needs at the school.

The school is nut free both in the food that we offer and in the use in lessons e.g. science and Food Technology, and caters for gluten free students (coeliac) by the use of gluten free products and separate cooking equipment. The school caters for all students with allergies, where that information has been shared by parents/carers.

Within the curriculum, staff who are involved in the preparation of food are always briefed on the dietary and allergen requirements of a student before they join the school by the designated member of office staff. This information is also displayed in the DT department prep room.

Within Catering, all pre-packaged food served in the canteen is clearly labelled. Additionally the cashless catering system will also show when individual students with a notified allergy attempt to purchase that item.

## **Other issues**

- **Transport:** Where a student with medical needs uses home-to-school transport arranged by the Local Authority, the school will share the pupil's individual healthcare plan with the local authority. This may be helpful in developing transport health care plans for students with life-threatening conditions.
- **Defibrillators:** The school has a defibrillator which is located in the main reception.
- **Asthma inhalers:** The school holds asthma inhalers for individual students for emergency use only where written consent is received from the parent/carer for a child with asthma to be administered emergency medication.

## **Individual Healthcare Plans**

Individual healthcare plans (IHCP) help to ensure that the school effectively supports students with medical needs. They will provide clarity about what needs to be done, when and by whom. However, not all children with medical needs will need one. The school, in liaison with the school nurse and parents/carers, should agree, based on evidence, when a healthcare plan is necessary.

## **Roles and responsibilities**

### **Students**

Students should be fully involved in any discussions about their medical support needs and should contribute as much as possible to the development of, and comply with, their Individual Health Care Plan (IHCP)

### **Self management**

Wherever practical, and certainly with students using asthma medication and inhalers, the students will be encouraged to administer their own medication.

Where medication is administered by the school, it remains the responsibility of students to come at the appropriate time for the medicine to be administered.

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 child for use is an offence.

### **Parents and carers**

Parents and carers are responsible for alerting the school to any medical needs and conditions for their child. It is also the responsibility of parents and carers to alert the school to any changes to their child's medical needs.

Parents and carers should always be involved in developing and reviewing their child's Individual Health Care Plan (IHCP). Parents and carers should carry out any action they have agreed as part of the plan (e.g. providing medicines and equipment, etc.)

### **Short term medical needs**

Where possible all medicines should be administered at home. In the case of antibiotics doctors should be requested to prescribe medicine that can be issued at home three times a day (i.e. before school, immediately after school and at bedtime). Prescription medicines should only be brought to school where it would be detrimental to a student's health if it were not administered during the school day.

## **Long term medical needs**

It is the responsibility of parents/carers to inform the school of any long-term medical needs and to ensure that the appropriate consent forms are completed and returned to school. It is also the responsibility of parents/carers to alert the school to any changes in their child's needs and changes in the administration of medication.

It only requires the consent of one parent to agree or to request that medicines are administered.

## **School trips and visits**

It is the responsibility of parents/carers to ensure that sufficient medication is passed to the trip leader and that appropriate consent forms have been completed. Parents/carers must also ensure that medication is clearly labelled, with the name of their child, the dosage and administration instructions.

## **Sports fixtures**

Parents/carers must ensure that students attending sports fixtures have sufficient medication, e.g. inhalers.

## **Public Examinations**

When a student is approaching public examinations and may be affected by medical issues, it is the responsibility of parents/carers to inform the SENDCO. This will allow the SENDCO to apply for special adjustment consideration, if appropriate.

## **Complaints**

Should parents/carers be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure (which can be found on the school website).

## **First aid staff**

### **Staff Training**

Members of staff will be nominated to become qualified first aiders. The qualification must be current and refresher courses and further training will be undertaken. A list of first aiders will be published in the school handbook and in the staff room.

School will comply with any legal requirements for the number/ratio of first aiders and the frequency of their training.

### **Emergency Procedures**

Where a student has an IHCP, this will clearly define what constitutes an emergency and the plan will explain what to do in these circumstances.

In cases of emergency the first aider dealing with the situation will decide if it is necessary to contact parents/carers and summon an ambulance. In these circumstances they will inform the Headteacher, or in their absence, a member of SLT. A member of staff will accompany the student to hospital if a parent/carer or suitable adult is not immediately available. An incident report form will be completed.

## **The designated member of office staff**

The designated member of office staff will keep records for:

- students with long-term medical needs
- students with care-plans
- students with prescription medication held in school
- monitor medicines held in school and notify parents /carers if medicines are expired.

Written records will be kept of all medicines administered to students.

### **Non-prescription medicines**

The school will not administer or hold any non-prescription medicines (e.g. headache tablets) at the request of parents/carers or students.

Non-prescription medicines will be administered if advised to do so during a 999 call.

### **Long term medical needs**

In special cases students on long term medication may have their prescribed medication administered by the office staff. Parents/carers must make clear arrangements with the designated member of office staff by completing a *Parental Agreement to Administer Medicine* form (appendix A) However, the student remains responsible for coming at the appropriate time for the medicine to be administered.

The designated member of office staff will also liaise with the school nursing service to ensure that IHCPs are in place for students with long term medical needs, as advised by the school nurse.

### **Parental agreement**

The school must receive prior written request from the parent/carer for the administration of any medication while the student is in the care of school staff - on or off site (see appendix A and B for appropriate forms). Teachers arranging school trips involving overnight stay will request medical information and parental consent for administering medicines before the trip takes place.

### **Record Keeping and storage of medication**

Medicines will be kept in separate named containers stored in a designated place (locked, non-portable) which takes account of confidentiality whilst remaining readily accessible in cases of emergency. Records will be kept including the date and time when medicines are administered to the students and signed by the member of staff administering it.

On school trips, medication will be held by the trip leader, if appropriate and necessary.

The designated member of office staff will also produce a register of medical needs, which will be available to all staff. This will be updated at least annually.

### **Deputy Headteacher**

The Deputy Headteacher or a delegated member of staff, will oversee and monitor the implementation of this policy and will be responsible for ensuring that it is regularly reviewed and updated in line with national and local policy and guidelines. They will also have a role in liaising with outside agencies, including being one of the points of contact for the school nurse.

### **Long term medical issues**

The Deputy Headteacher or a delegated member of staff, will also have a responsibility for monitoring students with long-term medical issues. Where appropriate the Deputy Headteacher or delegated member of staff, will seek advice from the Sutton Tuition and Reintegration Service. If appropriate, a referral requesting additional support will be made to the service.

The Deputy Headteacher or a delegated member of staff will liaise with the Sutton Tuition and Reintegration Service to enable them jointly to draw up a personal education plan to cover the complete education for a student who is likely to be in hospital or at home for more than 15 working days and students with chronic illnesses who regularly miss school. The plan will be agreed with the appropriate health service personnel. The plan will take effect when the student is admitted to hospital or is unable to attend school.

The Deputy Headteacher or delegated member of staff, provide the Sutton Tuition and Reintegration Service, with information about the curriculum for individual students, their progress and their ability, in order to facilitate continuity and enable suitable education to be provided.

Regular review meetings will be held with the Sutton Tuition and Reintegration Service, the parents or carers and involve the child or young person as appropriate. Reviews will be more frequent in cases where a child's/young person's illness, exhibits unpredictable and changing patterns. The review meetings will be particularly important for students who are recurrent admissions to hospital;

students with degenerative medical conditions; students approaching public examinations (secondary) and students at post-16 transition (secondary).

The Deputy Headteacher or a delegated member of staff will work with the Sutton Tuition and Reintegration Service personnel to ensure that an individual reintegration plan is in place for all students before they return to school. The school will work with all the agencies involved to support a smooth transition and will ensure that peers are also involved in supporting student reintegration.

### **SENDCo**

The SENDCo will be responsible for ensuring that the needs of SEND students with medical needs are met (see SEND policy and procedures above). Where a student has a special educational need identified in a statement of EHC plan, the SENDCo will ensure that the IHC plan is linked to, or becomes part of, the statement or EHC plan.

### **Heads of Year**

The Head of Year will be the designated link teacher for any students in their year group. The link teacher will attend planning and review meetings; provide work programmes and materials for students as appropriate and feasible.

Where children and young people are at home for absences that are expected to be more than 5 days but less than 15 days and which are not part of a pattern of recurring illness, the Head of Year will liaise with the parents or carers about the provision of homework. Work will only be sent home in cases of authorised absence and medical evidence is required for absences of more than 5 days to be authorised.

### **School nurse**

The school nurse is responsible for notifying the school when a child has been identified as having a medical need which will require support in school. Wherever possible, they should do this before the child starts at the school. The school nurse will advise the school staff where possible about medical issues and whether an IHCP is appropriate. The school nurse will assist the school staff in preparing and reviewing individual health care plans (IHCP) for children with complex health needs in partnership with the child and their parents. The school nurse will liaise with the designated member of office staff to identify these students. The school nurse will also participate in the review of IHCPs (at least annually).

The school nurse will liaise with the school staff and together they will ensure that adequate training is delivered by a relevant health care professional for asthma, epilepsy and anaphylaxis and other complex medical needs where required.

### **Other healthcare professionals**

Other healthcare professionals, including GPs and paediatricians should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Providers of health services should co-operate with schools that are supporting students with medical conditions. They can provide valuable support, information, advice and guidance to the school and our staff, to support students with medical conditions at school.

### **Trip administrator**

It is the responsibility of the trip co-ordinator to provide the trip leader with student medical information, dietary requirements, parental consent to administer medication, log for recording administration of medication and emergency contact details. The trip administrator will also provide medical information packs to sports team managers at the start of their season. The trip administrator will let the sports team managers know about any changes to this information.

## **Trip leaders**

It is the responsibility of trip leaders on residential trips to store medication safely and to administer to students, if appropriate and necessary, whilst on trips. This should be recorded in the log provided by the trip administrator.

## **Sports team managers**

It is the responsibility of sports team managers to pass details of students in their teams to the trips administrator who will provide student medical information packs. It is the responsibility of the sports team manager to ensure that they are aware of this information when attending fixtures.

## **All staff**

All members of staff are expected to show a commitment and awareness of students' medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post. All staff have a responsibility to make themselves aware of the medical needs of students that they teach. They must follow school procedures about reporting illness, accidents and injuries. Where appropriate, training will be provided, e.g. on the use of epi-pens.

## **Managing medicines**

- medicines should 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 should be given prescription or non-prescription medicines without their parent/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- a student under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- 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 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 will 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 students and not locked away. This is particularly important to consider when outside of school premises eg on school trips.
- 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.
- 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 should be noted.
- 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.

## **Unacceptable practice**

Although staff at Overton Grange School should use their discretion and judge each case on its merit 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;
- Administer prescribed medication to anyone other than the named student on the prescription;
- Ignore the views of the student or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Unnecessarily 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;
- If the student becomes ill, to 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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, 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 or be present in school because the school is failing to support their child's medical needs; or
- Prevent students from participating, or creating unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

## **Governing Body**

### **Monitoring and Evaluation**

Heads of Year will pass information to the Deputy Headteacher or a delegated member of staff about students in their cohort with health needs who cannot attend school and for whom they are implementing this policy.

The Deputy Headteacher or a delegated member of staff will keep a record of review meetings held for each student in their cohort with health needs who cannot attend school and for whom they are implementing this policy.

The Deputy Headteacher will keep a record for students with health needs who cannot attend school and for whom this policy applies.

### **Appendix**

- Parental Agreement to Administer Medicine. (A)
- IHC plan pro-forma (B)



**Links with other policies and procedures**

- Attendance
- Child Protection
- Complaints
- Equal Opportunities
- Positive Handling
- School visits
- SEND
- SEN Information report
- Teaching and Learning

<b>Approved by:</b>	Curriculum and Student Committee Full Governing Body	<b>Date:</b> 1 <sup>st</sup> February 2024 <b>Date:</b> 21 <sup>st</sup> March 2024
<b>Last reviewed on:</b>	January 2024	
<b>Next review due by:</b>	January 2025	



## Appendix A - Parental Agreement for School to Administer Medicine

Name of school	OVERTON GRANGE SCHOOL
Date	/ /
Child's name	
Tutor Group	
Name and strength of medicine	
Expiry date	/ /
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	
<b>Note: Medicines must be in the original container as dispensed by the pharmacy</b>	
Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by <i>[name of member of staff]</i>	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

If more than one medicine is to be given, a separate form should be completed for each one.

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

Form copied to (for office use only)



## Appendix B - Health Care Plan

Name of school

OVERTON GRANGE SCHOOL

Child's name

Group/class/form

Date of birth

/ /

Child's address

Medical diagnosis or condition

Date

/ /

Review date

/ /

### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

### Clinic/Hospital Contact

Name

Phone no.

### G.P.

Name

Phone no.

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

Parent/Carer Signature and Print Name

Form copied to (for office use only)