

Supporting Students with Medical Conditions Policy

Date reviewed: November 2019

Ratified by Governors:

**Aims:**

This policy aims to ensure that:

* Students, staff and parents understand how our school will support students with medical conditions.
* That 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 Governors of Shenfield High School will implement this policy by making sure that sufficient staff are suitably trained to manage medical conditions; to ensure that staff are aware of student’s medical conditions where appropriate; to make sure that there are arrangements in place so that someone is always available to support students with medical conditions, with a rota to provide cover should the First Aid officer not be available in the room; to provide all staff with appropriate information about the policy and relevant students; and by developing and monitoring individual health care plans.

**Legislation and Statutory responsibilities**

This policy meets the requirements of Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting students at their school with medical conditions

The policy is also referenced to the DfE statutory guidance: Supporting Pupils at School with Medical Conditions 2015

**Roles and Responsibilities**

The governing body has ultimate responsibility to ensure arrangements are made to support students with medical conditions. They will ensure that sufficient staff have receive suitable training and are competent before they are responsible for supporting children with medical conditions.

The Headteacher will ensure that all staff are aware of this policy and understand their role in its implementation and responsibility will be devolved to the Deputy Headteacher: Student Support and Well-being to take overall responsibility for this task, including for the development of Individual Healthcare Plans (IHP); overseeing liaison with outside agencies and ensuring that information about students with medical conditions is kept up-to-date.

Supporting students with medical conditions during school hours is not the sole responsibility of one person, and any member of staff may be asked to provide support to students with medical conditions including the administration of medicines, where training has been undertaken and it is appropriate to do so.

Staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach, and all staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Any additional training needs will be assessed via the implementation of individual healthcare plans and will be flagged by the First Aid officer, Assistant Headteacher: SENCO and Deputy Headteacher; Student Support and Wellbeing. Any training needs will be addressed and completion of that training monitored via the school’s performance management system.

Parent(s)/carer(s) will provide the school with sufficient and up-to-date information about their child’s medical needs; will be involved in the development and review of their child’s IHP and will carry out any action they have agreed to as part of the implementation of the IHP , for example, provide medicines and equipment. For students joining the school, parents will provide a medical information form, and the information from this will be logged in the student area on SIMs. If an existing medical condition is indicated, the school will seek an existing IHP in the transfer of files between schools, and if this is not available, will meet with parents to discuss their child’s needs moving forward. This will occur either immediately prior to transition, or as soon after transition as possible, or when a medical condition becomes known about if not known about previously.

If. for any reason, parent(s)/carer(s) do not support medical intervention for their child’s medical condition – it is important that an IHP to reflect this is in place; however, parent(s)/carer(s) should also be aware that on the grounds of safeguarding and child protection legislation, if the child is deemed at risk of significant harm, then the school will call an ambulance and/or seek further medical advice – and in these rare situations the IHP already agreed by the school and parents/carers will be explained to medical professionals.

Students with medical conditions will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

When the school is notified that a student has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the student requires an IHP. The school will make every effort to ensure the arrangements are put into place within two weeks or by the beginning of the relevant term for students who are new to our school and who have IHPs.

Overall responsibility of the development of IHPs has been delegated to Deputy Headteacher: Student Support and Wellbeing. Plans will be reviewed at least yearly or earlier if there is evidence that the student’s needs have changed, and they will be developed with the student’s best interest in mind. Individual planning and monitoring of plans will be carried out by the First Aid Officer, in conjunction with the Assistant Headteacher: SENCO.

Not all students with a medical condition require an IHP. It will be agreed with a healthcare professional and the parents when an individual health care plan would be appropriate, and will be drawn up in partnership with the school, parent(s)/carer(s) and a relevant healthcare professionals such as the school nurse specialist or paediatrician who can give best advice on the student’s specific needs. The student will be involved wherever appropriate.

Individual health care plans will be linked to or become part of any Education and Health Care Plan (EHCP). If a student has SEN but does not have an EHCP, the SEN will be mentioned in the individual health care plan.

The level of detail in the plan will depend on the complexity of the child’s condition and how much support is needed. The following will be considered when deciding what information to record:

* The medical condition - its triggers signs symptoms and treatments.
* The student’s resulting needs including medication, dose, side-effects and storage.
* Other treatments.
* Time required and time when medication/treatment is administered, facilities, equipment, and testing apparatus
* Access to food and drink where this is used to manage a condition, dietary requirements and environmental issues such as crowded corridors and travel time between lessons.
* Support agreed for the student’s educational, social and emotional needs e.g. how absences will be managed, requirements for access arrangements and support for mental health issues.
* The level of support needed, including what to do in an emergency.
* If a student is self-managing their medication this will be clearly stated with the appropriate arrangements for monitoring.
* Who will provide this support, their training needs and expectations of their role and confirmation of proficiency to provide support for the student’s medical condition 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.
* Arrangements for written permission from parent(s)/carer(s) for the medication to be administered by a member of staff or self administered by student during school hours.
* Separate arrangements or procedures required for school trips or other activities outside the normal school timetable that will ensure that students can participate. This may include a risk assessment, which must be provided on EVOLVE – the school’s method of administrating and assessing the viability of trips and visits made from the school. This will include a record of any Individual Healthcare Plan; including following the exact instructions of that plan in terms of what to do if there is an emergency.
* Where confidentiality issues are raised by the student or the parent that designated individuals to be entrusted with information about the student’s condition.
* What to do an emergency including who to contact in contingency arrangements

**Managing medication**:

Prescription and non-prescription medicines will only be administered at school when it would be detrimental to the students health or school attendance not to do so, and where we have parental written consent.

Details of how and when the school will administer medicines can be found in our First Aid Policy.

All medicines will be stored safely and students will be informed where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, glucose blood testing meters and adrenaline pumps and epipens will always be readily available to students via the First Aid Officer or the cover for that room in school hours. For students who access out of student hour’s activities, parent(s) must ensure that they carry these emergency items with them. **This is particularly important for trip leaders to consider when a child is on a school trip, outside of the premises, and must be addressed on the EVOLVE system.**

A child who has been prescribed a controlled drug may have it in school to be administered according to our policy, but passing to another child for their use is an offence, and will be reported as such by the school to the relevant outside agencies, including the police and social care where appropriate.

Records will be kept in accordance with our First Aid Policy.

**Managing Emergencies:**

Staff will follow the exact procedures stated in a child’s IHP. If the emergency is not related to an IHP, then the procedures detailed in the First Aid Policy will be followed.

**Students managing their own needs:**

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their Individual Healthcare Plans

**Unacceptable practice**

Staff should use their discretion and judge each case individually with reference to the child’s IHP, but it is not acceptable to prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary. It is also unacceptable to: assume that every student with the same condition requires the same treatment; ignore the views of the student and their parents; ignore medical evidence and opinion although this may be challenged; send students with medical conditions home frequently for reasons associated with a medical condition or prevent them from staying for normal school activities including lunch.

In addition: staff must make every effort to avoid sending students on an IHP to First Aid unaccompanied if they become ill.

Students should not be penalised for their attendance record if their absences are related to the medical condition and the required medical evidence is produced by the parent.

Staff must not prevent students from drinking eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

The school should not require parents or otherwise make them feel obliged to attend school to administer medication or to provide medical support to their children.

Neither should the school prevent students from participating or create unnecessary barriers to students participating in any aspects of school life including trips.

**Training**

Staff who are responsible for supporting identified students with medical needs will receive suitable and sufficient training to do so.

The training will be identified through the developmental review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where the IHP is discussed.

The relevant healthcare professionals will help us identify the type and level of training required.

Training will be kept up-to-date and will be sufficient to ensure staff are competent and have confidence in their ability to support students.

All staff must be aware of this policy and understand their role in implementing it. In addition, it will be provided to the new staff during induction.

 **Complaints**

Parent(s)/Carer(s) with a complaint about the way their child’s medical condition is dealt with should discuss this directly with The First Aid Officer in the first instance. If the matter cannot be resolved, they should contact Deputy Headteacher: Student Support and Wellbeing, and if there continue to be a problem, they should use the schools complaints procedure (available on the school’s website).

**Monitoring arrangements**

The policy will be reviewed and approved by the governing board every four years.

**Appendix 1**: **decision making process on the provision of an Individual Healthcare Plan**

1. Parent/carer or health care professional tells the school that the child:
* Has a new diagnosis
* Is set to change schools
* Is due to return to school after a long term absence
* Has needs, which have changed
1. First Aid Officer/SENCO and/or Deputy Headteacher: Student Support and Wellbeing and Pastoral Manager will meet with parent(s)/carer(s) and any required healthcare professional to discuss the child’s needs and to identify a named member of staff to provide mentoring support to the child.
2. In addition the need for an Individual Healthcare Plan (IHP) will be discussed and if agreed will be drafted at this meeting.
3. Agree the mentoring support with The Interventions Team.
4. Email drafts of the IHC to all parties concerned and agree it.
5. Share the IHP with relevant staff and attach to the student’s profile in the medical conditions section of SIMS. If the child is moving schools, alert the new school that a need has been identified and that they will need to follow their own processes in this regard when admitting the child to their school.
6. Identify any further training needs for staff and implement that training.
7. Review the IHP in a timely manner at a date agreed at the initial meeting.
8. Ensure that amendments made at any point are shared with relevant people and uploaded to the student profile in the medical conditions section on SIMS.