Maiden Erlegh Trust

SUPPORTING STUDENTS WITH MEDICAL NEEDS

MAIDEN ERLEGH TRUST

Including local arrangements in annexes for:

River Academy

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Purpose of the document

This document sets out how Maiden Erlegh Trust will ensure that any pupil/student with medical needs is enabled to take the fullest part in the opportunities for learning presented to all other pupils/students. This document sets out how we will make arrangements in line with the statutory guidance for maintained schools and academies.

Background

The Children and Families Act 2014 places a duty on governors to make arrangements for supporting pupils/students at their school with medical conditions. The Department for Education (DfE) have produced statutory guidance for schools, and this can be accessed at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

We are aware that many of the children and young people with medical needs will have lifelong conditions, but others may have medical needs which are temporary, both may change over time. Pupils/students with medical conditions may require support at school to manage their condition due to absence or with the emotional impacts which are often associated with medical conditions. Some pupils/students with medical conditions will also have special educational needs (SEND) which are supported through an Education, Health and Care Plan (EHCP). Where this is the case, we will integrate the Health Care planning into the EHCP.

Our commitment to Pupils/Students and Families (School specific details are in Annex 1)

This policy and practice document sits alongside the school's SEND Information Report and Trust SEND policy. The underlying aim of both policies is to ensure that all pupils/students in our trust can access fully the life of their school, play a full and appropriate part in developing plans and provision and are enabled to manage their condition with increasing independence and confidence.

Where pupils/students have medical needs, we **will**:

- Follow the model process for developing Health Care Plans (Annex 2).
- Ensure that sufficient staff are trained to support an individual medical need, including cover for staff absence and turnover.
- Ensure that all relevant staff are made aware of the pupil/student's condition.
- Ensure any supply teachers are briefed. Ensure that risk assessments are undertaken for school visits, holidays, and activities outside the normal school day.

- Monitor individual Health Care plans.

School staff will always use their professional discretion when managing pupil/student behaviour and the information provided to them will ensure that the decisions they make are not discriminatory and support reasonable adjustments.

As a trust **we will not:**

- Prevent children from easily accessing their inhalers and medication and administering their medication.

- Assume that every child with the same condition requires the same treatment.

- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although we may sometimes challenge it).

- Send children 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.

- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments, recovery time following illness or treatment.

- Prevent pupils/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.

- Prevent children from participating in or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Roles and responsibilities

In addition to the responsibilities which the governing body has, ensuring the safety and wellbeing of pupils/students requires input from a number of practitioners and the statutory guidance sets out the responsibly of all parties. These are set out in a table and appear as Annex 1. As part of those responsibilities, schools are required to have a policy for managing medicines on the premises.

Training and support

In order to ensure the confidence of staff, pupils/students and families and provide safe and effective support we

- Identify staff who will support individual or groups of pupils/students

- In partnership with health colleagues we
  - ✓ provide supporting staff with information about the medical condition
  - ✓ ensure these staff are trained and confirmed as competent by health colleagues
  - ✓ review training needs at least annually and when/if there is a significant change in presentation
  - ✓ annually provide awareness training for all staff on our policy

Pupils/students falling ill during the school day

When a child appears to be too physically or emotionally/mentally unwell to be in school we will ask that they be collected by a parent in order to be either taken home or to seek medical attention.

Emergency procedures

All our Health Care Plans contain personalised information on what staff need to do in an emergency. In addition, as with an emergency which can happen involving any pupil/student, staff will accompany a pupil/student to hospital and stay with them until a family member arrives.

Action Plans

We will ask the parent of any pupil/student who has been prescribed medication for asthma and any pupil/student who has been prescribed an auto-adrenaline injector (e.g. EpiPen) to complete a particular version of a health care plan called an Action Plan which outlines the school's response in the event of an asthma or anaphylactic attack.

Schools can keep spare inhalers and EpiPens for any child who needs it in an emergency, provided they have a medical diagnosis that prescribes their use, and the school has signed permission from the parent/carer(See annex 5).

Managing medicines

Prescribing

Medicines should only be administered at school when it would be detrimental to the pupil/student not to do so. We will liaise with parents to ensure that, whenever possible, medicines are prescribed in order that they can be taken outside school hours.

In the event that they need to be administered at schools, we will facilitate this as long as a consent form is completed by a parent/ guardian.

Handling and storage

We can 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 us inside an insulin pen or a pump, rather than in its original container.

All normal infection control measures, (e.g., appropriate gloving, hand washing and disposal) will be followed and any equipment required will be provided in school.

Medicines which need to be locked away are stored in the medical room in the medicine cupboard under lock and key. Details of access to medicines which need to be readily or quickly available will be in each pupil/student's Health Care Plan. Arrangements for offsite activities will also be contained in the plan.

Medicines which are no longer required will be returned to the parent for safe disposal. We will always use sharps boxes for the disposal of needles and other sharps.

If controlled drugs are prescribed for a pupil/student, they will be securely stored in a non-portable container and only named staff should have access. Controlled drugs will, however, be easily accessible in an emergency. As with all other medicines we keep a record of any doses used and the amount of the controlled drug held in school.

Parental consent

We will administer or supervise medication in line with a pupil/student's Health Care Plan. We will administer non-prescription medicines when we have written permission from parents. We will not administer any medication containing aspirin to a child under 16 unless it has been prescribed by a doctor. We will always inform parents if non-prescription medication, e.g. for pain relief was taken and the dosage given.

Self-management

After discussion with parents, pupils/students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual Health Care plans. Wherever possible, pupils/students will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Pupils/students who can take their medicines themselves or manage procedures may require an appropriate level of supervision and this will be provided. If it is not appropriate for a pupil/student to self-manage, then relevant staff will help to administer medicines and manage procedures. Arrangements for each pupil/student will be recorded on their Health Care Plan. A pupil/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 and we will therefore monitor dosage to ensure the health and safety of all pupils/students in school.

Record Keeping

We keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted and parents informed.

Insurance

Maiden Erlegh Trust is part of the Education Funding Agency Risk Protection Arrangement, an alternative to insurance through which the cost of risks that materialise will be covered by government funds. Our policy covers the administration of medication.

Complaints

As a trust we will seek to resolve any concerns quickly at an informal stage. If this does not resolve the concern the complaints procedure should be followed. This is available at reception or as a hard copy on our school website.

ANNEX 1 - SCHOOL SPECIFIC RESPONSIBILITIES

Our commitment to Pupils/Students and Families – River Academy

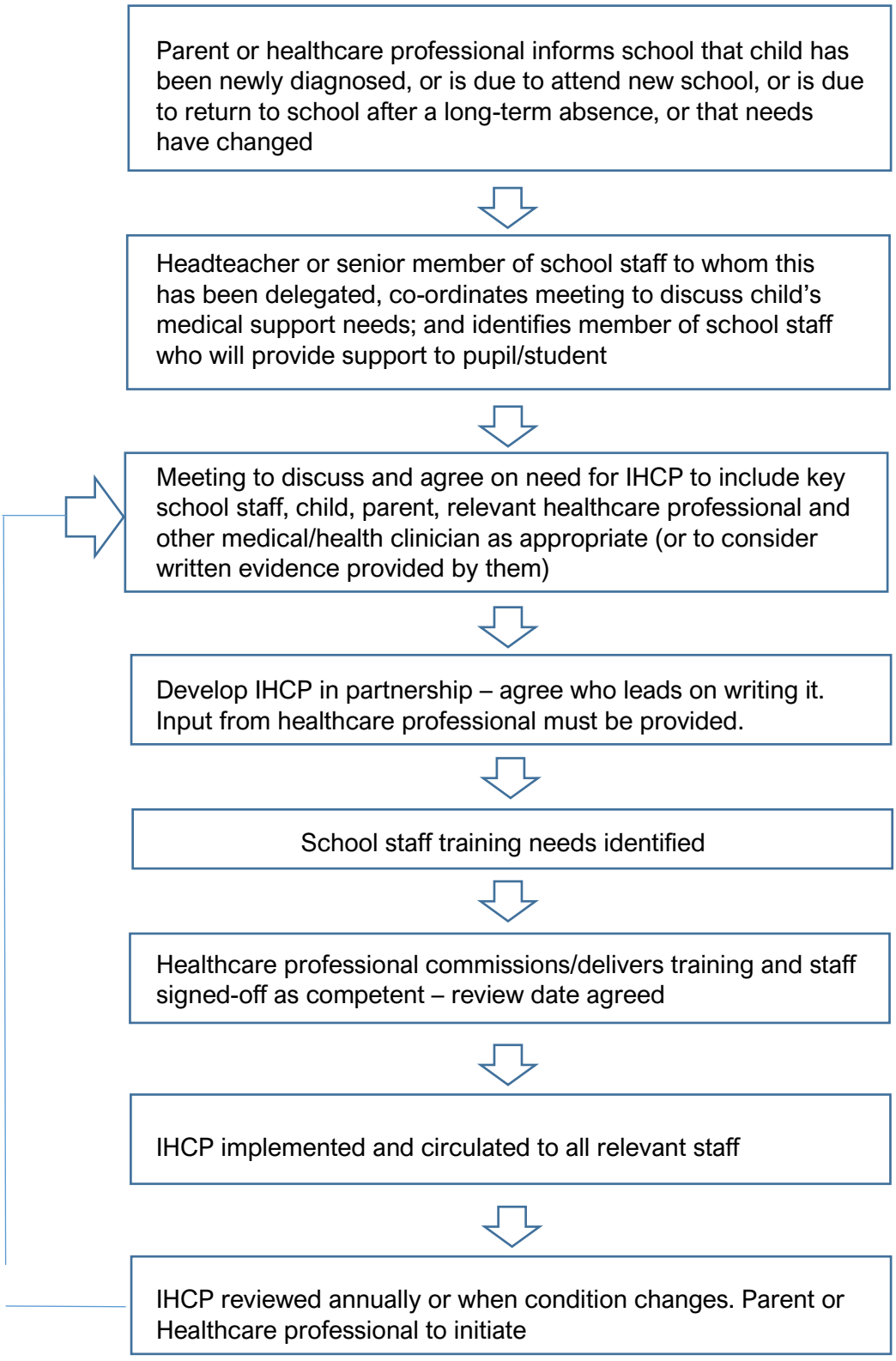
This policy and practice document sits alongside the school's SEND Information Report. The underlying aim of both policies is to ensure that all pupils/students in our school can access fully the life of the school, play a full and appropriate part in developing plans and provision and are enabled to manage their condition with increasing independence and confidence.

Where pupils/students have medical needs, we **will:**

- Follow the model process for developing Health Care Plans (Annex 1).
- Ensure that sufficient staff is trained to support an individual medical need, including cover for staff absence and turnover. **This is the responsibility of Rebecca Clarke.**
- Ensure that all relevant staff are made aware of the pupil/student's condition. **This is the responsibility of Vanessa Cotterell**
- Ensure any supply teachers are briefed. This is the responsibility of Sara Stevens.
- Ensure that risk assessments are undertaken for school visits, holidays and activities outside the normal school day. **This is the responsibility of Sara Stevens and Jon Wiseman.**
- Monitor individual Health Care plans. **This is the responsibility of Vanessa Cotterell/ Rebecca Clarke**

If a child becomes ill, we will normally send them to the school office or medical room **unaccompanied/accompanied** unless they are feeling very unwell, dizzy, having a hypo/hyper or having an allergic reaction in which case they will either be accompanied, or a first aider will be sent for.

ANNEX 2 - PROCESS FOR DEVELOPING INDIVIDUAL HEALTH CARE PLANS (IHCP)



ANNEX 3 - TABLE OF RESPONSIBILITIES

Set out in the statutory guidance: Supporting pupils at school with medical conditions December 2015

Person/body	Role/responsibility
Governing Body	**Must** make arrangements to support pupils/students with medical conditions in school, including making sure that a policy for supporting pupils/students with medical conditions in school is developed and implemented. They **should** ensure that pupils/students with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies **should** ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils/students with medical conditions are able to access information and other teaching support materials as needed.
Headteachers	Should 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 pupils/students with medical conditions and understand their role in its implementation. Headteachers **should** ensure that all staff who need to know are aware of the child's condition. They **should** also 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils/students in this way. They **should** contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
School staff	Any member of school staff may be asked to provide support to pupils/students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of the teachers' professional duties, they should consider the needs of pupils/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 children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil/student with a medical condition needs help. School staff will support pupils/students in catching up on any missed learning when necessary.
School nurses	Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. They would often be the health care professional who provides and confirms training.

Person/body	Role/responsibility
Pupils/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 pupils/students will often be sensitive to the needs of those with medical conditions.
Parents	Should 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.
Local authorities	Are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children regarding their physical and mental health, and their education, training, and recreation. Local authorities should provide support, advice, and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils/students with medical conditions to attend full time. Where pupils/students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
Providers of health services	Should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
Clinical commission groups (CCGs)	Commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including local elected representatives, how to strengthen links between education, health, and care settings.
Ofsted	Their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils/students with SEN, and considering the quality of teaching and the progress made by these pupils/students. Inspectors are already briefed to consider the needs of pupils/students with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

ANNEX 4 - MEDICATION ADMINISTRATION PROTOCOL

Controlled medication administration protocol

Step 1	Notification of medication requirements is received detailing the name of the pupil/student, name of the medication and required dosage, administration times and storage details.

Step 2	A consent form is completed to enable the academy to administer medication which should be signed off by the pupil's parent/guardian and designated member of academy staff.

Step 3	Where appropriate, a care plan is compiled and supplied to the academy by a suitably qualified health professional.

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Step 1	Pupil/student arrives or is sent for, to enable administration of medication at due time.

Step 2	Another member of staff is available to witness administration of medication as appropriate.

Step 3	Check the administration sheet to ensure the medication has not already been administered and that the quantity showing is correct.

Step 4	Confirm pupil/student's name and check administration sheet to identify required medication and parent/guardian consent.

Step 5	Check medication label to confirm pupil/student's name, medication name and dosage.

Step 6	Administer medication as detailed in agreed consent form.

Step 7	Complete all fields of medication administration sheet in black to show quantity of medication before and after administration.

ANNEX 5 - SCHOOL SPECIFIC FIRST AID EQUIPMENT AND INFORMATION

(Copied from First Aid Policy Annex 3)

Schools main first aid kit is located: Medical Room 0-03

The staff member responsible for managing the first-aid kit is: Vanessa Cotterell

This school has a defibrillator on site: YES

If YES, the designated staff member for routine inspection is: Vanessa Cotterell

This school has a Medivac chair on site: NO

This school has an accessible lift on site: YES

If YES, the designated staff member for routine servicing/ testing is: Jon Wiseman

If YES, number of lifts available: 1. Location of lifts: Ground floor opposite the office, floor 1 and floor 2

This school keeps spare asthma inhaler(s): YES

If YES, the designated staff member for routine checking of expiry date is: Vanessa Cotterell

Expiry date(s) of inhaler(s): 02/2027

This school keeps spare adrenaline auto-injectors (AAIs): YES

If YES, the designated staff member for routine checking of expiry date is: Vanessa Cotterell

Expiry date(s) of AAI(s): 07/2027