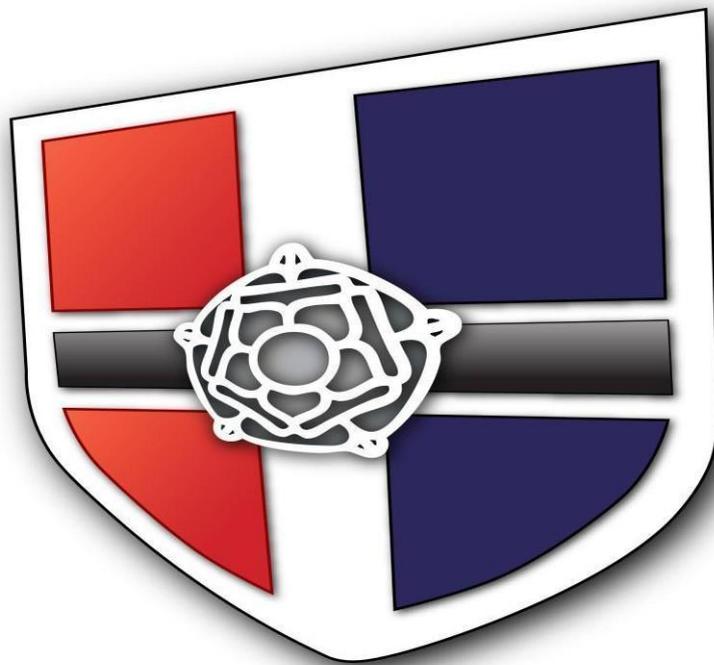


Sponne School



Students with Medical Conditions Policy



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1. Introduction

The staff at Sponne School are committed to providing students with a high quality education whatever their health needs, disability or individual circumstances. We believe that all students should have access to as much education as their particular medical condition allows. We promote inclusion and will make all reasonable adjustments to ensure that students maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation.

1.1 Aims

This policy aims to ensure that:

- Students, staff and parents understand how our school will support pupils with medical conditions
- Students with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The school will implement this policy by:

- Ensuring sufficient staff are suitably trained
- Ensuring staff are aware of a student's condition, where appropriate
- Ensuring there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)
- Ensuring effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with the student to ensure the best outcomes are achieved for them

The named person with responsibility for implementing this policy is Iain Massey (Headteacher)

1.2 Definition of health needs

For the purpose of this policy, students with health needs may be:

- students with chronic or short term health conditions or a disability involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- sick young people, including those who are physically ill or injured or are recovering from medical interventions, or
- young people with mental or emotional health problems.

Some young people with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.



2. Legislation and statutory responsibilities

This policy meets the requirements under **Section 100 of the Children and Families Act 2014**, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance: **Supporting pupils at school with medical conditions**.

3. Roles and Responsibilities

3.1 The Local Governing Body

The local governing body is responsible for making arrangements to support students with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all students with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The local governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support young people with medical conditions. They will also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the first aid lead in the case of any student who has a medical condition that may require support at school.
- Ensure that systems are in place for obtaining information about a student's medical needs and that this information is kept up to date

3.3 School Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person.

Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Staff must familiarise themselves with the medical needs of the students they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

3.4 Parents/Carers and students

Parents hold key information and knowledge and have a crucial role to play. Both parents and students will be involved in the process of making decisions and be involved in the development and review of their child's IHP. Parents/carers are expected to carry out any action they have



agreed to as part of the implementation of the IHP e.g. provide medicines and equipment. Parents are expected to keep the school informed about any changes in their young people's condition or in the treatment their young people are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies. Students are expected to comply with their IHPs.

3.5 School nurses and other healthcare professionals

The first aid lead will notify staff when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible.

Healthcare professionals, such as the visiting NHS immunisation team will liaise with the first aid lead and provide the programme for vaccinations.

GPs and paediatricians may liaise with the school first aid lead to develop healthcare plans.

The 0-19 school nursing team will develop allergy action plans for students with severe allergies or anaphylaxis

The 0-19 school nursing team may be available, on request, to support students with regard to mental and sexual health issues.

3.6 Northamptonshire County Council

Northamptonshire County Council (NCC) is responsible for commissioning school nurses for maintained schools and academies. Under Section 10 of the Young people Act 2004, they have a duty to promote cooperation 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 well-being of young people so far as relating to their physical and mental health, and their education, training and recreation. NCC provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Hospital and Outreach Education works with schools to support students with medical conditions to attend full time.

3.7 Designated school medical needs officer

The member of staff responsible for ensuring that students with health needs have proper access to education is the headteacher. The headteacher will work closely with Inclusion staff and the Student Welfare Lead and may delegate some responsibilities to the First Aid lead (see appendix 2). e.g. to discuss particular arrangements to be made in connection with the medical needs of a student. It will be the responsibility of the First Aid lead to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance students' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

4. Equal opportunities

Our school is clear 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 from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted. Arrangements for the inclusion of students in



such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests. Parents/carers will be contacted prior to a residential trip to ensure all medical details held by the school are up to date and include a description of full 24 hour medical routines and care procedures.

5. Being notified that a child has a medical condition

Information about medical needs is requested on admission to the school. When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. See Appendix 1.

Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the student attends school to ensure a smooth transition into the class. When students enter the school, parents/carers are offered the opportunity of attending a personal interview with the first aid lead.

Information supplied by parents/carers will be made available to all staff. Full details of medical conditions are given to key staff. Confidentiality is assured by all members of staff.

Any medical concerns the school has about a student will be raised with the parents/carers. Most parents/carers will wish to deal with medical matters themselves through their GP.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the First Aid lead (see appendix 2)

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed. Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The first aid lead, in conjunction with other appropriate healthcare professionals will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments



- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, 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 parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate.
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

6.1 Home tuition

When students are too ill to attend full time, the school will establish, where possible, the amount of time a student may be absent and identify ways in which the school can support the student in the short term (e.g. providing work to be done at home in the first instance). The school will make a referral to Hospital and Outreach as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where young people have long- term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these young people should be discussed and agreed between the school, the family, HOE and the relevant medical professionals. Further information is available on the HOE Website <http://www.nhoe.org.uk/about-us.html>

6.2 Pregnancy

Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school will make a referral for alternative provision or home tuition. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:



- When it would be detrimental to the pupil's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Where we have parents' written consent

No student under 18 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, insulin, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required. Sharps boxes will always be used for the disposal of needles and other sharps.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in first aid and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 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 IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.



7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable 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
- Ignore the views of the student or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the student becomes ill, 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 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, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

Where a student has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance.

9. Staff training and support

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



The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher and first aid lead. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting young people with medical conditions.

This policy will be published to all staff to raise awareness at a whole school level of the importance of supporting students with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports young people with health needs is included in our induction procedure for all new staff.

10. Record keeping

The local governing body will ensure that written records are kept of all medicine administered to students. Parents will be informed if their child has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and Indemnity

The governing body will ensure that the school's insurance arrangements are sufficient and appropriate to cover staff providing support to students with medical conditions and appropriately reflects the school's level of risk. Staff providing such support are entitled to view the school's insurance policies.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

If parents or students are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.



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13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every two years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality
- First aid Health and safety
- Safeguarding
- Special educational needs information report and policy

Reviewed by:	Catherine Underwood – June 2020
Agreed by:	Local Governing Body
Next review:	June 2022



Appendix 1: Being notified a child has a medical condition

