

Medical Needs

Policy

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**Statement of intent**

Most pupilswill at some time have a medical condition that may affect their participation in school activities. For many this will be short term; perhaps finishing a course of medication. Other pupils may have longer term needs or have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs**.

Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

**1) Responsibility**

The aim for this policy is to capture the steps we, as a school, should take to help pupils manage their condition and overcome any potential barriers to getting the most from their education and how they might work. Partners should agree who will take the lead in writing a medical plan if one is required. Upon transition to Mendip Partnership School, medical information is passed to us from the feeder school, but if this is limited, the parent/carer is approached to secure further information on the pupil’s medical condition in order to provide the best possible support for pupils.

It is important that responsibility for pupils’ safety is clearly defined and that each person involved with pupils with medical needs is aware of what is expected of them. Close cooperation between schools, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs to thrive and succeed.

We work closely with schools and relevant agencies to ensure procedures are in place to cover transitional arrangements for pupils joining us and leaving us. This procedure also includes reintegration for students returning to mainstream education or when pupils’ needs change, and arrangements for any staff training or support. For pupils starting at school, a new diagnosis or pupils joining the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

We aim to include pupils in the discussion around their medical needs whenever appropriate.

**2) Principles of supporting pupils with medical needs**

* Pupils with medical needs will receive good quality support in school in order that they can be included in activities in and organised by the school wherever possible, by the making of reasonable adjustments.
* Support for pupils and medical support plans will be created to ensure academic, social and emotional needs are addressed and will promote the wellbeing of the pupil in broad terms.
* Support and inclusion at school will include individualised planning based on medical information, pupil preference, parental preference, appropriate professional consultation, staff availability and willingness and that additional individual focus plans will be prepared as needed e.g. to reintegrate after hospitalisation.
* That there is a recognition of the concerns of parents which will be on a range from concern that the condition may deteriorate slightly during the school day to the need arising for intervention in emergency circumstances.
* To clarify the expectations of the pupil, parent/carer, staff, school nursing, Leadership Group and Governors.
* Where a pupil is recognised as being disabled by his/her medical needs, the Governors will comply with their duties under the Equalities Act 2010.
* **3) Relationship to other policies:**

This policy should be read in conjunction with the policies on Special Educational Needs and the Visits policy.

* **4) Roles and responsibilities of Headteacher, SENCO, Teachers, other staff and governors:**

Supporting a pupil with a medical condition during school hours is not the sole responsibility of one person. A school’s ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership

**a) The** **Governing Body** will ensure that:

* To ensure that school policy and practice conforms to the statutes and statutory guidance and must understand that policy and practice in relation to pupils with medical needs aligns with their wider safeguarding duties.
* To ensure one person with leadership responsibility for policy implementation, who should oversee the organisation of staff training, internal communication regarding a pupil’s medical condition, cover arrangements for key staff absence, briefing of supply staff, risk assessments for extraordinary events and monitoring of health plans.
* To ensure that staff are properly trained for any role which they may undertake in the support of pupils with medical needs and that arrangements are in place for staff who volunteer to provide intimate care to be chaperoned and receive professional supervision, upon request, after such care is provided.
* To ensure that parents and pupils are confident in the ability of the school to manage the medical needs of the pupil whilst in school or engaged in activities organised by the school.
* Governors should ensure that a suitably experienced member of staff is the link with School Nursing for the development of Health Plans in critical cases and that they are reviewed at least annually.
* Governors should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupilren with medical conditions.

**b) The** **Headteacher and Heads of Centre** have responsibility for:

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 with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the pupil’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 in this way. They should contact the school nursing service in the case of any pupil 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.

To ensure that all reasonable adjustments are made to enable pupils with medical conditions to take part in school trips and journeys and that risk assessments are carried out for each pupil who has individual medical needs. The risk assessment should be comprehensive and dynamic.

**c) School staff** are responsible for:

Ensuring they familiarise themselves with good practice procedures for pupils with medical needs and the specific care requirements for pupils within school.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the supervision of administering medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils 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 pupilren with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**d) Parents**

Parents should provide the school with sufficient and up-to-date information about their pupil’s medical needs. They may in some cases be the first to notify the school that their pupil has a medical condition. Parents are key partners and should be involved in the development and review of their pupil’s individual healthcare plan, and may be involved in its drafting. Parents need to provide the school with any prescribed medicine: clearly labelled with pupils name; date handed to school; expiry date and information on how to administer. All medicines will need to be collected by the parents at the end of the school year, at the point of transition and when the medicine passes its expiry date. 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 contactable at all times.

1. **Pupils**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

**6. Health Plans**

Health Plans are developed by the head of centre (or the designated member of staff responsible) and School Nurse in conjunction with the parent and, often, the pupil. Health plans created by medical professionals, such as GP’s and hospital specialists will be used and implemented in place of a school created policy, although the plan will be reviewed to account for specific needs that might arise in our setting.

The school is also committed to reasonably pursuing the need for a medical protocol even where communication with parent/carer may be difficult to establish.

The School has adopted the PIMS team Health Plan proforma which captures the key information and necessary actions.

The Health Plan includes these details, as required by statutory guidance:

* the medical condition, its triggers, signs, symptoms and treatments;
* the pupil’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. crossed corridors, travel time between lessons;
* specific support for the pupil’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, (some pupilren will be able to take responsibility for their own health needs), including in emergencies. If a pupil is self-managing their medication, this should 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 pupil’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 pupil’s condition and the support required;
* arrangements for written permission from parents and Headteacher/Assistant Head for medication to be administered by a member of staff, or self-administered by the pupils during school hours;
* separate arrangements or procedures required for school trips or journeys or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
* where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil’s condition; and
* what to do in an emergency, including whom to contact, and contingency arrangements. Some pupilren may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Health Plans that are created before joining Mendip partnership school are reviewed at the point of transfer and are updated regularly with new information and/or evaluation. Where a pupil is returning to schooling following a period of hospitalisation, home education or is returning to mainstream schooling, the school will work with the other professionals involved to ensure that the Health Plan identifies the support needed for the pupil to reintegrate successfully.

If a pupil can administer his/her medication, this should be written into the Health Plan, including plans for access and supervision. If the pupil self-administering is the normal way of working then the Health Plan should include steps to be taken if a pupil refuses to take his/her medication at school at the prescribed times. This may be that the parent/carer or another competent, named family member should be called to school to take immediate responsibility for the pupil.

**7. Managing medicines on the school premises**

1. Medicines should only be administered at school when it would be detrimental to a pupil’s health or school attendance not to do so.
2. No pupil under 16 will be given any prescribed or non-prescribed medication without the parent/carers written consent
3. A pupil under 16 will never be given medication containing aspirin unless it has been prescribed by a doctor.
4. Where possible, the school should liaise with the parent/carer or the GP directly in order that medicines are prescribed in dosages and frequencies that avoid a pupil needing to take medication at school.
5. All medicines are stored in a locked medicines cabinet in the Medical Room, a room which is locked if it has to be left unattended for short periods of time. Pupilren with medication held in school should know which members of staff have keys to the Medical Room and the medicines cabinet.
6. The school only accepts prescribed medicines from a parent/carer in their original packaging, with full instruction leaflet present. It must bear the pupil’s name and be within date (for the whole pack to be used at normal dosage within the expiry date). The exception to this is insulin, where the insulin will be in date but may have been pre-loaded into a pen or pump.
7. For medicines other than controlled medicines, by prior arrangement, the pupil may deliver the medicine to the Medical Room, who can then phone the parent/carer to verify receipt.
8. A pupil may be prescribed a controlled drug and this will be received directly from the parent/carer by the primary First Aider or School Nurse and locked away (i.e. it may not be delivered by the pupil). As with all medication, a record will be kept when it is administered.
9. When no longer required, unused medicines are returned to the parent/carer in the original packaging directly by the school, not via the pupil.
10. The school may legally hold asthma inhalers for emergency use on a voluntary basis.
11. **Emergency procedures**
* If a pupil has a Health Plan, the plan will have detailed emergency procedures on it, which will be followed accurately.
* Trained first aiders at school will assess each incident and follow first aid training. Parents/guardians will be informed by the school if a pupil requires medical assistance.
* Where an ambulance is called, a member of staff known to the pupil can travel with

him/her to hospital if parent not present.

* Clear and concise information is prepared to share with ambulance or medical
* personnel on their arrival and is handed over in written form.