



# MELBOURN VILLAGE COLLEGE

## MEDICAL NEEDS

Date Reviewed: February 2023

Date of Next Review: February 2025

Reviewer: Head Teacher (C Bennet)

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Document Control		
Edition	Issued	Changes from previous
1	February 2023	New policy
		Post holders/Persons named in this policy
This policy <b>links to other school policies</b> on: <ul style="list-style-type: none"><li>o SEND policy</li><li>o Exams policy</li><li>o Educational visits policy</li><li>o Complaints</li><li>o First Aid and Medication</li><li>o DfE Supporting Pupils at School with Medical Conditions April 2014</li><li>o Section 100 of the Children and Families Act 2014</li><li>o The Equality Act 2010</li><li>o Ofsted School inspection handbook (Section 5)</li><li>o Inspecting safeguarding in early years education and skills settings</li><li>o Safeguarding policy</li><li>o Keeping Children Safe in Education</li></ul>		Governors Head Teacher Senior leader with responsibility for pastoral care SENDCo Heads of Year Teachers Parent Student First Aider

### 1. Introduction

This policy is written to comply with the DfE April 2014 Statutory Guidance for Local Authorities called "Supporting Pupils at School with Medical Conditions", which should be read alongside this policy.

Many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The school will therefore focus on the needs of each individual child and how their medical condition impacts on their school life.

The school will ensure arrangements work together with parents and students to understand how medical conditions impact on a student's ability to learn and then put in place effective support that parents and students have confidence in.

### 2. Aim

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The school will ensure that arrangements are in place to support students with medical conditions so that such children can access and enjoy the same opportunities at school as any other child.

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

- When the school is informed that a student has a medical condition the Head of Year will liaise as appropriate with parents, health professionals and the student to identify the educational needs arising from the medical condition.
- The Head of Year will manage educational provision within school, making adjustments and coordinating support as required. IHPs should be developed with the student's best interests in mind and ensure that the school assesses and manages risks to the student's education, health and social well-being and minimises disruption.
- If appropriate, the Head of Year will ensure that an Individual Healthcare Plan (IHP) is put in place. IHPs must be reviewed at least annually or earlier if evidence is presented that the student's needs have changed.
- When it is clear that the student will be away from school for an extended period of time (15 days or more, whether consecutive or cumulative), the Head of Year will refer the case to the Head of pastoral care who will determine the required support which will be funded through the Educated Other Than At School (EOTAS) budget.
- The Head of year will work with parents/carers, other professionals and the student to write an Individual Alternative Education Plan if this is appropriate in supporting the students ongoing education without being detrimental to their health.

### **4. Supporting Students with Medical Needs**

The overriding principle is that students with medical conditions should be supported to engage fully in every aspect of school life, guided by agreed plans, including Individual Health Plans. In particular:

- After discussion with parents, students who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
- Wherever possible, and where health plans are in place, students should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- Should an emergency occur related to any student's medical condition the school's procedures for First Aid will operate. If an Individual Health Plan is in place it should clearly define what constitutes an emergency, if appropriate for the condition, and

explain what to do should this occur, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

- If a student needs to be taken to hospital, staff should stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance.
- The school will actively support students with medical conditions to participate in school trips and visits, or in sporting activities. Teachers should apply flexibility for all students to participate according to their own abilities and with any reasonable adjustments. It is expected that arrangements for the inclusion of students in such activities will be made unless evidence from a clinician such as a GP states that this is not possible. This will be documented in a risk assessment in accordance with the school's policy on trips and visits.

## **5. Support for Staff**

It is recognised that staff with responsibility for supporting students with medical conditions will require ongoing consideration and support in order to ensure they carry out their work in a sustained, productive and healthy way. All staff with responsibility for supporting students with medical needs will be given daily support from their Head of Year, the senior leader with responsibility for pastoral care or SENDCO. Regular supervision and support will be offered, with as appropriate an external counselling professional.

## **6. Training**

The Senior Leader with responsibility for pastoral care will ensure that individual members of school staff with responsibility to support students with medical conditions receive sufficient and suitable training and achieve the necessary level of competency before they take on the role. Specifically:

- Training will also be provided on an annual basis to ensure that all members of school staff know what to do and respond accordingly when they become aware that a student with a medical condition needs help. This is also likely to be linked to students with identified medical needs.
- Where appropriate, specific training needs will be identified at the time of the creation of an IHP.
- The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.
- Training should be carried out before this specific support is provided.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). Note that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

## **7. Complaints**

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the school. The procedures set out in the Trust's Complaints policy should be followed.

## Further Guidance and Procedures

### 1. Individual Healthcare Plans (IHP)

IHPs can help to ensure that schools effectively support students with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all students will require one. The Head of Year, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Deputy Headteacher or Headteacher is best placed to take a final view.

### 2. When recording information on an Individual Healthcare Plan the following should be considered:

- 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, (some students will be able to take responsibility for their own health needs), including in emergencies. If a student 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 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, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the student's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare plan.

### 3. Guidance for Heads of Year

The coordination of support for students with medical needs can be complex. In many cases the support is provided by many staff and external professionals. In some cases, particularly the more complex medical conditions, it will be more appropriate for the overall management and coordination to be carried out by the senior leader with responsibility for pastoral issues. This will be made clear in the IHP.

The senior leader will apply professional judgement when deciding the extent of the support

and the necessary actions, guided by the principles of this policy. However, here is an indicative list of actions that could be considered when working to support students with medical conditions.

- a. maintaining a list of students with health conditions (both short term and long- term) in the school, and sharing this information with staff as needed, including providing information and guidance on how to support a young person with such needs.
- b. maintaining care plans as appropriate.
- c. ensuring that contact is maintained with students (and their families) who are away from school due to illness for a period of less than 15 working days, setting and marking of work (including access to work online) if the student is well enough, welcoming students back to school, ensuring that all staff are aware of the up to date medical situation of the student and ensuring that any adjustments to accommodation and curriculum are made, together with ongoing monitoring of the student's situation and needs whilst in school.
- d. keeping attendance records and liaising with the LA Attendance and Monitoring for all attendance matters regarding students where there may be medical needs, either physical or mental.
- e. ensuring that the school register is marked appropriately.
- f. notifying the Pastoral team as soon as it is clear that a student is likely to be away from school due to medical reasons for more than 15 days. This includes those students with a recurring illness.

#### **4. Parents/Carers and Student**

The school will work with parents/carers to support the student in the most suitable way. Parents will be invited to attend all review meetings and the meeting will, wherever possible, be held in a location convenient to the parent/carer. There will be a named contact in the school so that parents are able to discuss concerns and access information as appropriate. The child will also be involved in making decisions and choices wherever possible.

#### **5. Reintegration**

The school will have a key role to play in successful reintegration and will be proactive in working with all agencies to support a smooth transition. The reintegration plan may well involve a curriculum modification, and a phased reintroduction. The plan should always have multi-agency approval.

#### **6. Public Examinations**

Efficient and effective liaison is important for students with health needs when approaching public exams. The school will ensure that they have taken all reasonable steps to prepare the young person for their exams in order to minimise the impact of the time lost while a young person is unable to attend school.

The school will take all reasonable steps to ensure that they are following guidance from the Awarding Bodies regarding special consideration and access arrangements for students with permanent or temporary difficulties accessing education. The guidance can be found in the Exams Policy.

#### **7. Managing Medicines in School**

- Students must ensure that they attend Reception to take their medication at the correct time. A first aider will check the student's records to see when the dose should be taken and whether the student has taken a dose recently, they will then give the medication to the student to self-

administer. First aiders are unable to administer any medication unless they have been trained to do so; staff have training in the use of an Epipen which are stored in the first aid room and in individually labelled boxes.

- Each time medication is taken the full details should be logged in the medication file.
- No student under 16 should be given prescription medicines without their parent's written consent administered by the school - except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort should be made to encourage the student or young person to involve their parents while respecting their right to confidentiality.
- The school can hold an emergency adrenaline auto injector (AAI). The kit will include a list of the students permitted to use the emergency AAI if the need arises. These will be students who have been prescribed with an injector, usually with a diagnosis of anaphylaxis. Any use of an injector must be accurately recorded and parents notified.
- The school has one Automated External Defibrillators (AED) which is located in the servery at the front of school - this can be used during first aid when CPR is or may be required.
- 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 delivered to Reception by the student's parent/carer accompanied by the correctly completed paperwork, in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, prescribing doctor, 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;
- A new form must be completed by the parent/guardian if the dosage is changed.
- All medicines should 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.
- 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. Schools should 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.;
- The medication will be stored securely in Reception until the end of the course, when no longer required or when the expiry date has been reached, the parent/guardian must collect any unused medication. Sharps boxes should always be used for the disposal of needles and other sharps

### **Non prescription medicines**

Non-prescription medication such as paracetamol is not held by Reception. If a student becomes unwell during the school day they will attend reception where a first aider will assess them. If the first aider considers the student would benefit from taking medication such as paracetamol, they will contact the parent/guardian for them to provide the appropriate medication or to take them home. Students must not carry their own supply of non prescribed medication.