



# Supporting Students with Medical Needs Policy

**Ernest Bevin Academy**

The best in everyone™

Part of United Learning

<b>Responsibility:</b> Assistant Principal	<b>Date Approved:</b> Summer 2024
<b>Approved by:</b> Principal	<b>Review Date:</b> Summer 2025
<b>Monitored by:</b> LGB <b>Governor responsibility:</b> Link Governor for Safeguarding	<b>Links to other documents:</b> SEND Policy Safeguarding policy Equality Policy Behaviour and Anti Bullying policies Curriculum and Teaching and Learning policies Health and Safety Policy School Visits Policy Complaints Policy

## Contents

Relevant Documents .....	9
Annex 1: Parental agreement for setting to administer medicine .....	10
Annex 2: Individual Healthcare Plan .....	12
Annex 3: Record of medicine administered to an individual child .....	15
Annex 4: Record of medicine administered to all children.....	19
Annex 5: Staff training record – administration of medicines .....	<b>Error! Bookmark not defined.</b>
Annex 6: Contacting emergency services .....	21

This policy was developed in consultation with parents/carers, staff and students and has regard to:

- Statutory Guidance: Supporting students at school with medical conditions – DfE – December 2015
- Section 100 of the Children and Families Act 2014 and associated regulations
- The Equality Act 2010
- The SEND Code of Practice (updated 2020)

This policy is in line with our equal opportunities statement and aims to support inclusion for all of our students. The policy covers all statutory elements and focuses on maintaining the highest expectations for all students and bringing out the ‘best from everyone’.

## **Rationale**

The number of students attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption, or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school and can take part in the normal school activities. However, some children with long term, complex or individualised medical needs will need to have them carefully planned and monitored by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

## **Introduction**

Section 100 of The Children and Families Act 2014 places a duty on the governing body of each school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Students with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

The Trust endeavours to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

Each school will ensure that all medical information will be treated confidentially by the Headteacher and staff.

All administration of medicines is arranged and managed in accordance with the Supporting Students with Medical Needs document.

All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirements of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

## **Aims and Objectives**

### **Aim**

To ensure that all children with medical conditions, in terms of both their 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.

### **Objectives**

- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met
- To work in close partnership with health care professionals, staff, parents and students to meet the needs of each child
- To ensure any social and emotional needs are met for children with medical conditions
- To minimise the impact of any medical condition on a child's educational achievement
- To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively

- To ensure as little disruption to our students' education as possible
- To develop staff knowledge and training in all areas necessary for our students
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive school.

## **Roles and Responsibilities**

### **The Governing Body**

- The overall implementation of the Supporting Students with Medical Conditions Policy and procedures of EBA.
- Ensuring that the Supporting Students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all students with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual students and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

### **The Principal**

- The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of EBA.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensure that all supply staff are aware of the policy and are briefed on individual student needs where appropriate
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Ensure Individual Healthcare Plans (IHCPs) are developed.
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support students in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

## **The First Aid and Health Care Co-ordinator**

### **Staff Members**

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include students with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.
- Fully aware of who is a named staff member responsible for administering injections.

**There is no legal duty which requires staff members to administer medication; this is a voluntary role.**

### **School Nurses**

- Notify the school when a child has been identified as requiring support in school due to a medical condition.
- Support staff to implement a child's individual healthcare plan and provide advice where appropriate.
- Liaising locally with lead clinicians on appropriate support.

### **Parents/Carers**

Parents have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed.

- Completing a parental agreement for school to administer medicine form before bringing medication into school (see annex 1).
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carers responsibility to make sure that their child is well enough to attend school.

### **The Student**

- Students are often best placed to provide information about how their condition affects them.
- Students should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

- Where possible, students will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, students will be encouraged to take their own medication under the supervision of a teacher.

### **Local Authorities**

- 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 with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- 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 students with medical conditions to attend full-time.
- Where 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 it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

### **Individual Health Care Plans (template available in annex 2)**

An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

- Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.
- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.
- Parents will receive a copy of the Health Care Plan with the originals kept by the school. Medical notices, including pictures and information on symptoms and treatment are placed in the staff room and given to the child's class teacher for quick identification, together with details of what to do in an emergency.

## Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medications will be stored in the Medical Room. All medicines must be stored safely. Children 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. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away;
- Any medications left over at the end of the course will be returned to the child's parents.
- Students with asthma are encouraged to carry their inhalers with them. However, a spare inhaler should also be kept in the school office or classroom. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.
- Written records will be kept of any medication administered to children.
- Students will never be prevented from accessing their medication.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- There is a defibrillator in the main school office.
- Ernest Bevin Academy cannot be held responsible for side effects that occur when medication is taken correctly.

## Educational Visits

- We actively support students with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure students with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.
- A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the school nurse or other healthcare professional that are responsible for ensuring that students can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.

- The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all school trips and given to the responsible adult that works alongside the student throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the school in case of an emergency.
- The school will refer to the OEAP National Guidance documents on First Aid (4.4b) and Medication (4.4d) to ensure suitable provision at the planning stage of every trip.
- The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip.

### **Staff Training**

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a student with medical needs must have received suitable training. It is the responsibility of the Headteacher to lead on identifying with health specialists the type and level of training required and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- It is important that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example)
- Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should provide specific advice, nor be the sole trainer.

### **Emergency Procedures**

- Medical emergencies will be dealt with under the school's emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail
  - What constitutes an emergency
  - What to do in an emergency
  - Ensure all members of staff are aware of emergency symptoms and procedures
  - Other children in school should know to inform a teacher if they think help is needed

If a student needs to be taken to hospital, a member of staff will remain with the child until a parent arrives.

### **Unacceptable Practice - as outlined in the DfE statutory guidance.**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- 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 this may be challenged).
- send children 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 individual healthcare plans.
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- penalise children 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 children from participating 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.

### **Complaints**

Please refer to the school's complaint's policy.

### **Other Considerations**

#### **Defibrillators**

The Health Care and First Aid Coordinator has notified the ambulance service of the location of the two defibrillators (main office and sports centre reception).

#### **Emergency Inhalers**

Since 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. The school's procedure for the use of the emergency inhaler based on - [Guidance on the use of emergency salbutamol in schools \(DoH, 2015\)](#). The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

## Relevant Documents

Supporting pupils with medical conditions – DfE – December 2015

<https://www.gov.uk/government/publications/supporting-students-at-school-with-medical-conditions--3>

Section 100 – Children and Families Act 2014

<http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

The Equality Act 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

The SEND Code of Practice – 2015 (updated 2020)

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Health Conditions in Schools Alliance – this site has Individual Healthcare Plan information for specific conditions

<http://medicalconditionsatschool.org.uk/>

## Annex 1: parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school

Ernest Bevin Academy

Name of child

Date of birth

Group/class/form

Medical condition or illness

### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Annex 2: Individual Healthcare Plan**

Name of school

Ernest Bevin Academy

Child's name

Tutor group

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

**Clinic/Hospital Contact**

---

Name

Phone no.

**G.P.**

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

**Annex 3: record of medicine administered to an individual child**

Name of school	Ernest Bevin Academy
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
------	--	--	--

Time given

Dose given

Name of member of staff

Staff initials


**C: Record of medicine administered to an individual child (Continued)**

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

--	--	--

Time given

Dose given

Name of member of staff

Staff initials




**Annex 5: staff training record – administration of medicines**

Name of school	Ernest Bevin Academy
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the above named member of staff has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training log is updated.

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

**Annex 6: Contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. EBA staff to use Arbor to retrieve the below information.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. Your telephone number.....

2. Your name.....

3. Your location as follows: Ernest Bevin Academy, Beechcroft Road, London SW17 7DF

4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

5. Provide the exact location of the patient within the school setting

.....

6. Provide the name of the child and a brief description of their symptoms

.....

.....

7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

.....

.....

