Supporting Students with Medical Needs
Policy Statement

The JOHN ROAN School has an inclusive school community which welcomes and supports students with medical conditions. The school ensures that students with medical conditions have access to the same opportunities as other students in the school. We understand that some of our students have medical needs which mean that additional measures are required to ensure that they are able to have full access to the curriculum, that the impact of their medical difficulties upon their life in school is minimised as far as possible, and that all staff who work with the students understand the nature of their difficulties and how best to help them:

- We make sure all staff understand their duty of care to children and young people in the event of an emergency.
- We understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.
- We understand the importance of medication and care being taken as directed by healthcare professionals and parents.
- All staff understand the medical conditions that affect students at this school. Relevant staff receive training on the impact medical conditions can have on students.
- No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- We will listen to the views of students and parents/carers. Students and parents/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- We understand that all children with the same medical condition will not have the same needs.

Compliance

THE JOHN ROAN School will ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education’s guidance released in December 2015: "Supporting Pupils at School with Medical Conditions“.

THE JOHN ROAN School places a clear emphasis on meeting the needs of pupils with SEN and disabilities and this includes children with medical conditions. This policy has been developed using Ofsted guidance regarding students with medical needs (April 2014), and with reference to DFE guidance ‘Supporting Pupils at School with Medical Conditions” (December 2015), The Equality Act (2010), and The Special Educational Needs and Disability Code of Practice (2014, updated January 2015), Education Act (1996) and (2002), The Children and Families Act (2014), The NHS Act (2006).

Notification of a Medical Condition

Parents/Carers should advise the school if their child has a medical condition at their admission interview. In the case of a new diagnosis of a medical condition the parent or healthcare professional will inform the school. They should do so by contacting either their child’s Guidance and Achievement Leader (GAL) or the Special Educational Needs Co-ordinator (SENCo). They are then responsible for sharing this information to inform staff and to ensure that the school management system is accurately updated. Parents understand that they must notify the school immediately if a student’s medical needs change.

The School Nursing Service or relevant health care professional should be informed and lead in creating Individual Healthcare plans where necessary.
Individual Healthcare Plans (IHP)

An IHP details exactly what care a child needs in school, when they need it and who is going to give it. It also includes information on the impact any health condition may have on a child’s learning, behaviour or classroom performance. They are essential in cases where medical conditions fluctuate or where there is high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases. However, some students with medical needs may not require an IHP. The school, healthcare professional and parent should agree, based on evidence, whether a healthcare plan is appropriate or not.

- IHPs are drawn up by the School Nursing Service with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals and are signed off by the SENCo.
- IHPs are confidential documents but in the interest of student safety will be shared with relevant school staff.
- IHPs are kept in folders in reception at Westcombe Park and reception at Maze Hill, with a copy in the Inclusion office at the Westcombe Park building. Staff have access to them and refer to them when taking children with medical conditions offsite. (A copy of the IHP is taken on the trip).
- They are reviewed annually or when a student’s medical circumstances change, whichever is sooner.
- Where a student’s has a Statement of SEN or Education, Health and Care Plan, the IHP will be linked to that document.
- Where a student is returning from a period of hospital education or home tuition, we work with the Local Authority to ensure that the IHP identifies the support the student needs to reintegrate. (See appendix A for the IHP process).
- In periods of transition, for example from Primary School, the SENCo must ensure that any supporting documentation is in place to support the medical needs of the pupil.
- In periods of an absent School Nursing team, the parent/carers, pupil (where appropriate) and school medical staff will meet to produce an interim care plan.
- Staff training

Self-management

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 their IHPs. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within IHPs. Wherever possible, students are 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 child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but will follow the procedure agreed in the individual healthcare plan. Parents will be informed as soon as possible so that alternative options can be considered.

Staff training

All staff understand their duty of care to all students in an emergency. Should staff need a first-aider, they know that they should contact reception. THE JOHN ROAN ensure that sufficient numbers and trained first aiders are available at all times during the school day and available on educational trips and visits. (See appendix B for this procedure)

Relevant school staff are aware of students’ medical conditions, this information is shared on the school management system (Medi Alert Booklet) and published medical lists are available in all staff offices. Key members of staff are trained in what to do in an emergency for children with specific medical needs. All newly appointed staff will be briefed about this policy as part of their induction. For supply teachers, pupils with medical conditions will be identified on lesson planning documentation if cover has been set in advance. Is this the case
For students with serious or life threatening conditions, relevant key staff will be trained to meet the needs of the student in question. The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Training will 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. All staff will be aware of which colleagues have been trained in what to do in an emergency situation. Training will be reviewed annually, or sooner if the student’s medical needs change.

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

Healthcare professionals, including the School Nursing Service, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. THE JOHN ROAN will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy. The SENCo, supported by the Medical TA, will be responsible for the updating and sharing of this list.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views.

The School Office is responsible for making phone calls to the emergency services should the need arise.

Administering Medicines
THE JOHN ROAN School will follow the administering medicines guidelines in ‘Supporting Pupils at School with Medical Conditions” (December 2015). School specific procedures are summarised below:

• Medicines will only be administered when it would be detrimental to a student’s health or school attendance not to do so.

• No student under 16 will be given medicines without their parent’s written consent – except in exceptional circumstances where the medicine has been prescribed to the child 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. A student under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

• Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours.

• The school will only accept prescribed medicines if these are in-date, labelled (Name & DOB), 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 schools inside an insulin pen or a pump, rather than in its original container.

• Medication is stored in cupboards in the reception areas at Maze Hill and Westcombe Park except for medication which needs to be kept in a fridge, this is kept in the First Aid rooms at Maze Hill and Westcombe Park. All medication must be in the original container with instructions and clearly labelled with the student’s name and DOB, a copy of the care plan should be kept with the medication where necessary. The First Aid room is only open under supervision by a trained member of staff or is kept locked.

• Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to students and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips

• Parents are asked to collect all medicines/equipment at the end of term or when it goes out of date and to provide new in-date medication at the start of a new school year. A systematic process is in place to regularly review the medication stored in school.
• Needles and sharps are kept securely in school and will accompany a child on an off-site visit. They are collected and disposed of in line with local authority procedures.
• Parents will provide written consent for school staff to administer medication. The school medical team will keep a written record of all medication administered and a copy of this record will be given to parents.

Offsite trips
When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Additional safety measures may need to be taken for outside visits and it may be that an additional staff member or a parent/carer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of their IHP should be taken on trips and visits in the event of information being needed in an emergency. (Specific details will be clearly stated on the risk assessment).

Roles and Responsibilities
The ultimate responsibility for the management of this policy in school is with the Head teacher and Governing Body.

The Governing Body is responsible for ensuring that:
• The Supporting Pupils with Medical Conditions policy and the procedures of THE JOHN ROAN School (as laid out in section 100 of the Children and Families Act 2014) is implemented.
• The Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation. In addition, that no student with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition has not been met.
• Complaints regarding this policy are dealt with in accordance with the school’s complaints policy.
• All pupils with medical conditions are able to participate fully in all aspects of school life. In doing so, members of the Governing Body may take into account that school procedures and facilities are such that school systems can deal with students’ needs in a flexible manner and may offer programmes of study are suited to part-time attendance at school or alternative programmes of study at alternative venues. Support must take into account the needs of students as individuals, and should work towards increasing the individual’s confidence and ability to self-care.
• Relevant training is delivered to staff members who take on responsibility to support students with medical conditions.
• Information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
• Written records of any and all medicines administered to individual students and across the school population are kept up to date.
• Parents, carers and students remain confident in the school’s ability to provide effective support for students with medical conditions at the academy.
• The level of insurance in place reflects the level of risk, and that suitable risk assessments are in place for school trips and other activities outside of the normal timetable.

The head teacher:
• Has overall responsibility for the progress of students with medical needs.
• Members of staff are available to implement the policy and deliver IHCPs on a day to day basis as well as in contingency and emergency situations.
• Has overall responsibility for the development of healthcare plans.
• Is responsible for ensuring a sufficient number of trained members of staff are available to implement the policy and deliver against all individual healthcare plans.
• Should also make sure that school staff are appropriately insured and are understand that they have been insured to provide such support.

A number of these tasks will be delegated as below:

The SENCo, is responsible for ensuring:-
• The implementation and success of the Supporting Pupils with Medical Conditions policy.
• That the policy is developed effectively with partner agencies.
• That all staff are fully aware of this policy.
• That a sufficient number of trained members of staff are available to implement the policy and deliver IHPs on a day to day basis as well as in contingency and emergency situations.
• That the school nursing service in contacted in the case of any student who has a medical condition that may require support at school and liaising with the nurse to ensure that students and families are met with and, where necessary, IHPs are created.

Staff members are responsible for:
• Taking appropriate steps to support students with medical conditions.
• Making reasonable adjustments to include pupils with medical conditions into lessons.
• Administering medication under controlled conditions, when medically necessary, if they have agreed to undertake that responsibility.
• Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, where the support may be emergency in nature, e.g. administering epipens or calling an ambulance.
• Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
• Referring students to a first aider if they have any concerns about a student’s health.
• Referring students to the designated safeguarding lead if they have any concerns about a student’s health or wellbeing.

Emergencies
• Medical emergencies will be dealt with under the school’s emergency procedures, which will be communicated to all relevant staff so they are aware of signs and symptoms.
• If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrives.
• Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
• Where an Individual Healthcare Plan is in place, it should detail:
  - What constitutes an emergency
  - What to do in an emergency

Record Keeping
• Written record will be kept of all medicine administered to pupils.
• Parents will be informed if a child has been unwell in school.

Unacceptable practice
THE JOHN ROAN understands that the following behaviour is unacceptable:
• Assuming that pupils with the same condition require the same treatment.
• Ignoring the views of the pupil and/or their parents.
• Ignoring medical evidence or opinion.
• Sending pupils home frequently or preventing them from taking part in activities at school
• Sending the pupil to the medical room or school office alone if they become ill.
• Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
• Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
• Creating barriers to children participating in school life, including educational visits.
• Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

**Monitoring and Evaluation**
This policy will be monitored yearly and updated when necessary we will ensure new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.
This policy will also be made available to parents on the school website.
### Appendix A: Process for Developing Individual Healthcare Plans

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<tr>
<th>Step</th>
<th>Description</th>
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<tr>
<td>1.</td>
<td>Parent or healthcare professional informs school that a child has a medical condition or is due to return from long-term absence, or that medical needs have changed.</td>
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<td>2.</td>
<td>SENCo informs the School Nurse who co-ordinates a meeting to discuss the child's medical needs and identifies members of school staff who will provide support to the pupil.</td>
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<td>3.</td>
<td>Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals.</td>
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<td>4.</td>
<td>Develop IHP in partnership with healthcare professionals and agree on who leads.</td>
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<td>5.</td>
<td>School staff training needs identified.</td>
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<td>6.</td>
<td>Training delivered to staff with review date agreed.</td>
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<td>7.</td>
<td>IHP implemented and circulated to relevant staff.</td>
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<td>8.</td>
<td>IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to 3)</td>
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<td>9.</td>
<td>In the absence of a healthcare professional, parents and school professionals will meet to create an interim medical plan.</td>
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### Appendix B: Managing a Critical Incident

#### Managing a Critical Incident – Maze Hill

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<tr>
<th>Procedure</th>
<th>Guidance notes for key members of staff</th>
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| 1. First check that you and the casualty are not in any danger, if you are make the situation safe. | **Adult first at scene**  
- Check that the casualty is breathing and is conscious. If not, call for help and dial 999.  
- In case of any life and death situation ring 999 from a mobile phone.  
- Ask if the casualty has any medical needs  
- Do not move the casualty, wait for direction from the First Aider  
- If the casualty is a child ask for their name, form class and if possible their date of birth.  
- You should always get another adult to call reception if possible via the nearest office.  
- If no other adult is in the vicinity, leave the casualty and go to the nearest phone and ring 546.  
- Give the casualty’s details to the office staff  
- In every office there is a list of current First Aiders and students with medical needs which is hung on the wall.  
- If it is a 999 call handover the phone to the First Aider.  
- The situation may draw a crowd. Ask someone to find an adult and a member of SLT immediately. Then ask the crowd to disperse.  
- If you have other commitments, inform the SLT colleague. You will need to stay with the casualty unless directed by the SLT colleague.  

**First Aider**  
- First Aider to identify the casualty and see if they have any existing medical needs.  
- First Aider will have to bring the First Aid Box. This will have the list of medical needs for all students.  
- First Aider goes in the ambulance with the casualty and stays at the hospital until the family arrive.  

**Office staff**  
- Office staff should immediately release the medical room staff and make an announcement on the radio to check that a First Aider has arrived  
- Office staff check to see if the child has a medical care plan or has any medication on site. Pass on the details to the First Aider immediately.  
- Inform the family that there has been a critical incident and they are required on site immediately.  

**SLT**  
- SLT on duty to ensure safe environment for all students and check on the wellbeing of any witnesses  
- The SLT checks that contact has been made with parent/carer and ensures there are follow up calls.  
- Ensure the incident is recorded in the accident and medical book. Obtain a full account from all witnesses and pass onto the Headteacher/Deputy Headteacher. |
| 2. Try to identify the casualty and stay at the scene. |  |
| 3. Immediately ask someone to get help from the school reception (in person or on ext. 546). |  |
| 4. Ask for a First Aider and member of SLT to attend immediately informing them it is a critical incident |  |
| 5. Stay at the scene and calm the situation. |  |
| 6. Assist the First Aider and follow any instructions given to you. |  |
| 7. First Aider decides if it is a 111/999 call. |  |
| 8. First Aider gives instructions in dealing with the casualty’s medical care. |  |
### Procedure

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| **8.** First check that you and the casualty are not in any danger, if you are make the situation safe. | **Guidance notes for key members of staff**  
  
  **Adult first at scene**  
  - Check that the casualty is breathing and is conscious. If not, call for help and dial 999.  
  - In case of any life and death situation ring 999 from a mobile phone.  
  - Ask if the casualty has any medical needs  
  - Do not move the casualty, wait for direction from the First Aider  
  - If the casualty is a child ask for their name, form class and if possible their date of birth.  
  - You should always get another adult to call reception if possible via the nearest office.  
  - If no other adult is in the vicinity, leave the casualty and go to the nearest phone and ring 555.  
  - Give the casualty’s details to the office staff  
  - In every office there is a list of current First Aiders and students with medical needs which is hung on the wall.  
  - If it is a 999 call handover the phone to the First Aider.  
  - The situation may draw a crowd. Ask someone to find an adult and a member of SLT immediately. Then ask the crowd to disperse.  
  - If you have other commitments, inform the SLT colleague. You will need to stay with the casualty unless directed by the SLT colleague.  
  
  **First Aider**  
  - First Aider to identify the casualty and see if they have any existing medical needs.  
  - First Aider will have to bring the First Aid Box. This will have the list of medical needs for all students.  
  - First Aider goes in the ambulance with the casualty and stays at the hospital until the family arrive.  
  
  **Office staff**  
  - Office staff should immediately release the medical room staff and make an announcement on the radio to check that a First Aider has arrived  
  - Office staff check to see if the child has a medical care plan or has any medication on site. Pass on the details to the First Aider immediately.  
  - Inform the family that there has been a critical incident and they are required on site immediately.  
  
  **SLT**  
  - SLT on duty to ensure safe environment for all students and check on the wellbeing of any witnesses  
  - The SLT checks that contact has been made with parent/carer and ensures there are follow up calls.  
  - Ensure the incident is recorded in the accident and medical book. Obtain a full account from all witnesses and pass onto the Headteacher/Deputy Headteacher. |
| **9.** Try to identify the casualty and stay at the scene. |   |
| **10.** Immediately ask someone to get help from the school reception (in person or on ext. 546). |   |
| **11.** Ask for a First Aider and member of SLT to attend immediately informing them it is a critical incident |   |
| **12.** Stay at the scene and calm the situation. |   |
| **13.** Assist the First Aider and follow any instructions given to you. |   |
| **14.** First Aider decides if it is a 111/999 call. |   |
| **8.** First Aider gives instructions in dealing with the casualty’s medical care. |   |
New student – Parent informs school of any medical condition or medical needs on the Admissions Form. Current students - Parent or healthcare professional informs school (GAL or SENCo) that a child has a medical condition or is due to return from long-term absence, or that medical needs have changed.

For students requiring an IHP – see Appendix A - Process for Developing Individual Healthcare Plans.

GAL / SENCo shares medical information on students through the weekly staff bulletin and where appropriate emails to individual staff.

School staff training needs identified.

Training delivered to staff with review date agreed.

IHP implemented and circulated to relevant staff.

IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to 3)

In the absence of a healthcare professional, parents and school professionals will meet to create an interim medical plan.