

# OUSEDALE SCHOOL

## SUPPORTING STUDENTS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

### 1.0 INTRODUCTION

- 1.1 This policy follows the guidance published by the DfE in Dec 2015 'Supporting pupils at school with medical conditions'.
- 1.2 This policy is restricted to students with a significant on-going medical problem. Minor or short term or one-off medical problems would be dealt with separately, i.e. as First Aid.
- 1.3 The school will maintain a focus on each individual child with a medical condition and seeks to give parents and students confidence in the school's ability to provide effective support for medical conditions in school and to ensure that such children can access and enjoy the same opportunities at school as any other child.
- 1.4 The school will always aim to:
- have a good understanding of how medical conditions impact on a child's ability to learn;
  - increase the child's confidence;
  - promote self-care.
- 1.5 Procedure to be followed whenever Ousedale School is notified that a student has a medical condition (other than medical conditions detailed in a special needs Education, Health and Care plan):
- School Health Co-ordinator (HC) (relevant campus) to be informed;
  - Individual Healthcare Plan (IHP) to be agreed with parent/carer/student/HC/PAL;
  - IHP information recorded through SIMS, accessible by all staff but in some cases on a need to know basis;
  - Individual procedures for life-threatening conditions included on IHP's and available to all staff;
  - Staff are made aware of all medical conditions (common and ongoing) within school through student lists which are on SIMS. All IHP's are linked to the SIMS profiles;
  - Once parents have contacted school, arrangements are made immediately and a care plan is put in place within a week, regardless of a formal diagnosis.

### 2.0 INDIVIDUAL HEALTHCARE PLANS

- 2.1 Individual Healthcare Plans 'IHP's' exist to document a child's medical needs and provision being made for those needs. These are written with input from all the relevant parties including HC, PALs, parent and child. For students who have medical conditions that require Education, Health and Care plans, compliance with the SEND code of practice will ensure

compliance with the statutory elements of 'Supporting pupils at school with medical conditions' i.e. an IHP is not required.

2.2 IHPs will be developed with student's best interests in mind and will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

2.3 IHPs will be reviewed annually or earlier if evidence is presented that the child's needs have changed.

2.4 The following Information will be recorded on Ousedale 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 – which might include; 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 children will be able to take responsibility for their own health needs), including in emergencies. If a child 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 child'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 child'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/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

### **3.0 STUDENT'S ROLE IN MANAGING OWN MEDICAL NEEDS**

3.1 Students may be competent to manage their own medical needs and medicines.

3.2 Students will be positively encouraged to take responsibility after discussion with parents and HC and this will be reflected in IHPs. Where a student is reluctant to take on this responsibility, the school will support the child to reach the level of responsibility agreed and documented in the IHP. No student will be forced to self-administer.

3.3 Where possible children will carry their own medicines or devices or be able to access them quickly. No child will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

#### **4.0 MANAGING MEDICINES ON SCHOOL PREMISES**

See 'DRUGS AND MEDICINES POLICY' policy.

#### **5.0 RECORD KEEPING**

5.1 Records are kept of all medicines administered to students. These records are kept in the medical room and on SIMS and overseen by the HC.

#### **6.0 PROCEDURES FOR EMERGENCY SITUATIONS**

6.1 All staff know what action to take in the event of a medical emergency. This includes:

- staff contacting emergency services through reception wherever possible (HC will contact directly). Staff are able to contact the HC directly or through reception;
- If a student needs to be taken to hospital, parents will be contacted to meet the student at the hospital. In certain circumstances, an adult member of Ousedale School, might accompany the child to hospital and stay with them until a parent arrives;
- training is refreshed for all staff at least annually.
- actions to take in a general medical emergency are displayed in the staff handbook;
- any specific procedures recorded in IHP's;
- If a medical emergency occurs during a school trip or sporting activity, the lead member of staff will assess the emergency, give emergency medical attention as necessary (as recorded in the IHP). If required, contact is made to the emergency services direct. The Lead teacher will contact the emergency contact on the 'Emergency Card' which will be carried with them at all times along with a copy of the IHP. Parents will be informed and on return from the trip, a report will be submitted regarding the medical emergency and a meeting held with parents, HC, the trip's leader and a member of SLT, to review the practice undertaken.

#### **7.0 DAY TRIPS, VISITS AND SPORTING / OTHER ACTIVITIES**

7.1 Where possible Ousedale School will offer flexibility and make reasonable adjustments so that students with medical conditions can take part.

7.2 Risk assessments are carried out by Ousedale School prior to any 'out-of-school' visit and medical conditions are considered during this process. Factors this school considers include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained during an emergency.

7.3 The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits.

7.4 Risk assessments are carried out before students start any work experience or off-site educational placement. It is the School's responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from both the student and the parent before any medical information is shared with an employer or other education provider.

7.5 Ousedale School is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

- 7.6 Ousedale School ensures the needs of all students with medical conditions are adequately considered to ensure they have full access to extended school activities such as homework club, all extra-curricular activities, fixtures, school productions, student voice and residential visits.
- 7.7 All staff are aware of the potential social problems that students with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- 7.8 The school may meet parents as part of preparing to meet the child's needs on a trip. Where possible the school will arrange adjustments to the programme, accommodation or food provision to meet a child's needs.
- 7.9 Ousedale School has a list of common medical conditions at this school and appropriate action to take in relation to them.
- 7.10 The school uses IHP's to identify individual students who are sensitive to particular triggers. Where necessary the school will complete a detailed action plan to ensure these students remain safe during all lessons and activities throughout the school day.
- 7.11 The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

## **8.0 GOOD PRACTICE AT OUSEDALE SCHOOL**

8.1 At Ousedale School we will:

- make sure students have easy access to their inhalers and medication and can administer their medication when and where necessary;
- not assume that every child with the same condition requires the same treatment;
- listen to the views of the child and/or their parents and to medical evidence or opinion, (although this may be challenged);
- not send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- accompany a student to the HC or Reception if they become ill and not send them with someone 'unsuitable';
- be understanding of a student's attendance record if their absences are related to a medical condition and not penalise them for this e.g. hospital appointments;
- allow students to drink, eat, take toilet breaks or other breaks whenever they need to in order to manage their medical condition effectively;
- support parents with their child's medical condition and not expect them to attend school to administer medication or provide medical support for their child, including toileting issues as the school will support their child's medical needs;
- We will encourage children with medical conditions to participate in any aspect of school life, including school trips and not create barriers to non-participation.

## **9.0 POLICY IMPLEMENTATION**

- 9.1 The Head Teacher has overall responsibility for the implementation of this policy.
- 9.2 The school is committed to making sure that all relevant staff will be made aware of the child's condition. Training is given to all staff in September and new staff when they join the school. All cover supervisors or supply staff are made aware of the medical conditions policy.
- 9.3 Information regarding common medical conditions is kept on individual students SIMS records which is easy for staff to access. IHP's are linked to SIMS for teachers or tutors who teach specific students to access.
- 9.4 The school has arrangements in place in case of staff absence or staff turnover to ensure someone is always available. In the case of the HC being absent from school, trained first aiders will be called to any incident. Staff dealing with the medical emergency will call reception who will contact the relevant first aider. If an ambulance is required, reception will make the call at this point.
- 9.5 The school will make sure risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for students with medical conditions. Risk assessments for trips will be overseen by the Senior Leader responsible for trips and visits.
- 9.6 The school will monitor individual healthcare plans. These will be reviewed annually by the HC, the relevant PAL, parents and student. Meanwhile, if there are changes to the child's medical condition, an interim meeting will be held to review the current plan.

## **10.0 THE ROLES OF THOSE INVOLVED IN PROVIDING SUPPORT FOR STUDENTS WITH MEDICAL CONDITIONS**

- 10.1 **The Governing Board must:**
- make arrangements to support students with medical needs, including making sure a policy is developed and implemented;
  - ensure that sufficient staff at Ousedale School have received suitable training and are competent before they take on responsibility to support children with medical conditions;
  - ensure staff have access to information about students medical conditions and training materials.
- 10.2 **The Head teacher must:**
- ensure policy is developed and adequately implemented with partners;
  - make sure all staff are aware of the policy and understand their role in implementation;
  - ensure all staff who need to know are aware of a particular child's medical condition;
  - ensure sufficient staff are appropriately trained;
  - take overall responsibility for the development of Individual Healthcare Plans;
  - make sure staff are adequately insured and made aware of cover;
  - make sure the school Health Co-ordinator is aware of students requiring support .
- 10.3 **Any member of School Staff (other than the Health Co-ordinator):**

- may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so;
- should take into account the needs of students with medical conditions that they teach, although administering medicines is not part of a teacher's professional duties;
- should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

#### 10.4 **School Health Co-ordinator:**

- The school has employed Health Co-ordinators and also has access to school nursing services to support students with medical conditions and to provide training for staff;
- The Health Co-ordinator is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Where possible identification of need should take place before a child starts at Ousedale School;
- The school nursing services will support staff on implementing a child's individual healthcare plan and provide advice and liaison;
- The Health Co-ordinator will liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

#### 10.5 **Other Healthcare Professionals should:**

- notify HC of students requiring support;
- provide advice on developing IHPs.

#### 10.6 **Students should:**

- provide information about how their condition affects them;
- be fully involved in discussions and contribute to their IHP.

#### 10.6 **Parents should:**

- provide school with sufficient up to date information;
- be involved in development and review of IHP's;
- carry out any action they agreed to as part of implementation of IHP.

#### 10.7 **The Local Authority must:**

- promote co-operation between relevant partners.

#### 10.8 **Clinical Commissioning Groups:**

- are responsible for commissioning other healthcare professionals such as specialist nurses;
- must ensure that commissioning is responsive to children's needs and that health services can cooperate with schools.

#### 10.9 **Ofsted**

- The inspection framework places clear emphasis on meeting needs of disabled children and students with SEN. Inspectors are briefed to consider students with medical conditions alongside these groups and to report on how well their needs are being met.

## **11.0 Staff Training**

11.1 The school has a responsibility to ensure staff are properly trained and any member of staff providing support to a student with medical needs will receive suitable training.

11.2 Staff must not give prescription medicines or undertake health care procedures without appropriate training.

11.3 Staff will be supported in carrying out their role in supporting students with medical conditions by:

- accessing information on SIMS. The Health Co-ordinator will inform staff of students with medical conditions;
- having access to information of students with medical conditions on SIMS;
- having access to IHP's on SIMS (linked documents);
- having scheduled medical condition training and information dissemination by the HC / school nursing services;
- key principles of the policy being communicated in the staff handbook;
- informing all supply and temporary staff of the policy and their responsibilities. J Romeo will co-ordinate information sharing with supply staff.
- having their training requirements assessed through the Appraisal process;
- having necessary training arranged through the Local Authority for; people handling, first aid training, manual handling etc. Training will be arranged through organisations when a need arises in a care plan or when all staff undertake common medical conditions training, such as use of epi-pens;
- the Head teacher being responsible for ensuring that sufficient staff are suitably trained in supporting students with medical conditions.

## **12.0 INSURANCE**

12.1 The Governing Board ensures that the appropriate level of insurance is in place and appropriately reflects the level of risk.

## **13.0 COMPLAINTS HANDLING**

13.1 Any complaint in relation to this policy or the school's implementation of it should be raised in accordance with the school's ordinary complaint's policy.

## **14.0 REVIEW FREQUENCY**

14.1 This policy will be reviewed every three years.

Approved by Personnel Committee 20<sup>th</sup> January 2021  
To Full Governing Board 25th March 2021  
Date of Next Review – January 2024