



Supporting Students at School with Medical Needs Policy

Approved by: Full Governing Body

Date:

Next review due by:

Policy Owner: Assistant Headteacher

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions

- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Governing Board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is the Assistant Headteacher.

2. Legislation and Statutory Responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils with medical conditions. It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#) .

Bow School recognises that children with a medical condition will require individualised care and support in terms of both physical and mental health and well-being, to ensure that they play a full and active role in school life, remain healthy and achieve their academic potential.

This policy outlines the procedures, communication and support available to all students with medical needs, and their families. It also outlines the roles and responsibilities of all those involved in supporting a child with medical needs and the support and training given to staff.

Within this policy, the terms, children and student apply to the full range of learners at Bow School from Year 7 to the post-16 provision in the Sixth Form.

For some students their medical condition may mean that they are considered disabled, or that they have an Education Health and Care Plan, and so this policy should be read in conjunction with the Bow School SEND Policy.

A list of other relevant policies is provided at the end of this document.

3. Roles and Responsibilities

3.1 The Governing Body

The Governing Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Governing Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher or delegated senior member of staff will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School Nurse and Other Healthcare Professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

4. Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being Notified that a Child has a Medical Condition

When the school is notified that a pupil has a medical condition, the school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Assistant Headteacher for Inclusion.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

The Governing Board and the Headteacher/role of individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil 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 pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing Medications

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled Drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils Managing their Own Needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils 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 pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergencies

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Medical emergencies will be dealt with under Bow School's emergency procedures, which will be communicated to all relevant staff so they are aware of signs and symptoms.

9. Students who cannot attend School due to a Medical Condition

If a child cannot attend school for a short period of time, or a number of short periods of time, due to their medical condition the school will support their learning through a medical attendance plan and the student's key worker, who will provide work for the child to complete at home, and such arrangements will be indicated in the IHP. If a student's medical needs mean that they require longer periods of time away from school, or that their period of absence totals greater than fifteen days, a review of the IHP will be held to review support.

At this time the school, in agreement with medical professionals, the parents and the child, will implement the Tower Hamlets Policy for Ensuring a Good Education for Children who Cannot Attend School because of Health Needs. The parents will be given a copy of the policy at the meeting and the contents of the policy will be explained in the context of the child's support needs.

10. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher /role of individual. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

11. Record Keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

12. Liability and Indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy is through the London Borough of Tower Hamlets.

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring Arrangements

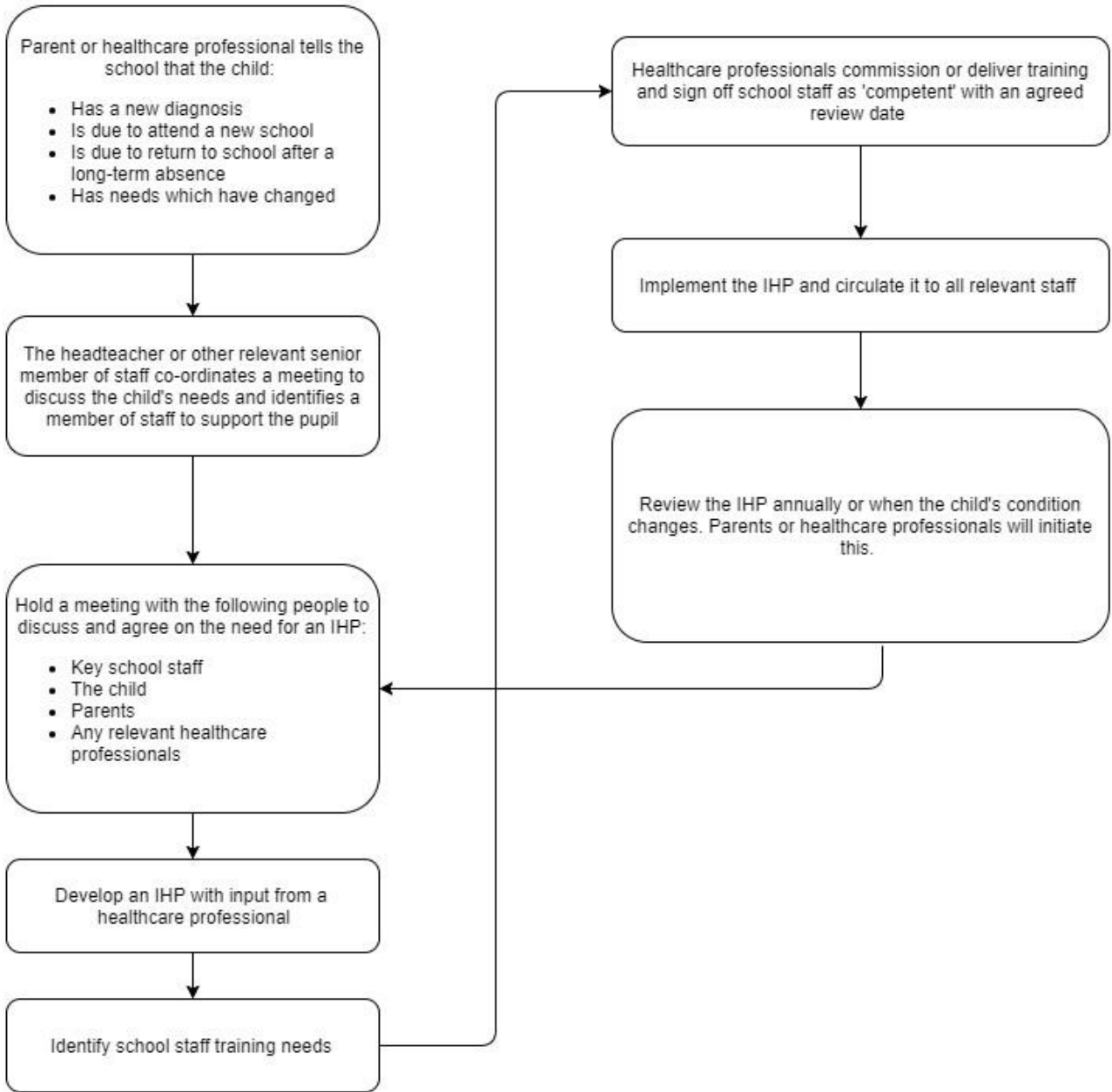
This policy will be reviewed and approved by the governing board every 2 years.

15. Links to Other Policies


This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding and Child Protection
- Special educational needs information report and policy

Appendix 1 – Being Notified a Child has a Medical Condition



Appendix 2 – IHP with Medication at School

<p>Name:</p> <p>D.O.B:</p> <p>NHSNo:</p> <p>School: Current Class/Group:</p> <p>Significant Medical History:</p> <p>Condition 1: Condition 2:</p> <p>Significant Past Medical History:</p> <p>Allergies:</p> <p>Date of Plan: Review Date:</p>	 <p style="text-align: center;">Photograph</p>
<p>PARENT/GUARDIAN/CARER CONTACT</p> <p>Contact Name: Relationship: Contact Number:</p> <p>Contact Name: Relationship: Contact Number:</p>	<p>Contact Details:</p> <p>Emergency Contact Name: Emergency Contact Number:</p> <p>Hospital Consultant Name: Hospital Consultant Number:</p> <p>Specialist Nurse Name: Specialist Nurse Number:</p>
<p>KEYWORKER RESPONSIBLE IN SCHOOL</p> <p>Name: Building/Department: Contact Number: </p>	<p>GENERAL PRACTITIONER:</p> <p>Contact Name: Contact Number:</p>
<p>PREVENTION: ACTION</p> <p>Key worker to ensure that each member of school staff is aware of the importance of the following preventive measures:</p>	<p>PREVENTION: ACTION</p> <p>1. . 2. . 3. . 4. . 5. .</p>

<p>MEDICATION required for Name:</p>		<p>D.O.B:</p>	
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Name of medication:	
Reason for medication to be given(e.g. itchy or dry skin):	
Dosage and when medication can be given:	
Special Considerations:	
Medication will be stored:	
IT IS THE PARENTS AND SCHOOLS RESPONSIBILITY TO INFORM THE SCHOOL HEALTH TEAM IF THERE ARE ANY CHANGES TO THE PUPIL'S MEDICATION OF CONDITION	
The box below on Health and Safety risk assessment is the responsibility of the school.	
Date of Health and Safety Risk Assessment Carried out by School: (DD/MM/YYYY)	Review Date of Health and Safety Risk Assessment Carried out by School: (DD/MM/YYYY)

School Nurse/ School Health Advisor Name:	Parent/Carer/Guardian: Name
Address:	Signature:
Telephone Number:	Date:
Fax No:	Pupil name:
Signature:	D.O.B:
Date:	When appropriate Signature:

This form has been filled in with The School Health Team / Parent/Guardian/Carer/Pupil named above.

Copies of the Health Care Plan sent to (Please Tick Box):

Parent G.P Notes Consultant Clinical Nurse Specialist Other
(Please State).....

Appendix 3 – Emergency Procedure to be followed in case of all medical emergencies

1. Call nearest first aid trained staff member to aid support student/member of staff
2. Call an ambulance – dialling 999; speak clearly and slowly and be ready to repeat information if asked.
 - a. Give your telephone number
 - b. Give your name
 - c. Give your location as Bow School, 44 Twelvetrees Crescent, E3 3QW
 - d. Provide the exact location of the patient within the school setting
 - e. Provide the name of the child and a brief description of their symptoms
 - f. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient - advise entry via Gillender Street
 - g. Inform Premises to have gate open and to support access to site
 - h. Ambulance crew to be accompanied to child
 - i. Continue to monitor until arrival of ambulance crew – keeping all staff updated about arrival times
3. Call parents and advise them of the situation
4. Call the Headteacher or a senior member staff who can decide on how the situation is supported – i.e. keeping area clear of staff and students etc. This person to notify and keep the Headteacher informed
5. The senior member of staff liaises with the First Aid trained member of staff who stays with child
6. Parents accompanied to their child upon arrival
7. If child needs to be taken to hospital then child and parent travel to hospital with the ambulance
8. If parents not at school
 - i. member of staff accompanies child to hospital
 - ii. parents are called and advised to go to the hospital
 - iii. member of staff stays with child until parents arrive
8. All accounts are filed with copies in student file and sent to parents
9. All external documentation is completed, sent and copies filed in school
10. At the first available opportunity all staff involved attend a de-brief and review procedures and their effectiveness. The designated governor responsible for children with medical needs will also attend the debriefing session.

Follow-up:

Pastoral teams follow up with parents about the well-being of their child. School to advise parents to contact GP and to call an IHCP meeting/review if necessary

For adults:

Line Managers/HR to follow up with staff/adults about their wellbeing

In either case there may be a need to refer parents/adults to a senior member of staff who can go through the process taken by the school, and refer them to relevant complaints documentation if that is required.

Appendix 4 – Information Required on an IHP

- Procedure for administering medication to students at Bow School
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours.
- When students need to take medication in school, parents/carers must complete a medication form. Copies are available from the school office, or in the parent's section of the school website. The following details are required:
 - Full name of student and date of birth
 - Name of medication and strength
 - Who prescribed it
 - Dosage to be given
 - Any possible side effects that may be expected should be noted
 - Signature printed name of parent/carer and date
- Asthmatics, diabetics and those with EpiPens need only submit one form, not for each occasion of treatment being administered.
- Prescribed 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, and asthma pumps) with dosage instructions. Medicines that do not meet these criteria will not be administered.
- Medication will be individually labelled, with use by dates clearly displayed, and stored within the general office as agreed by the Bow School Safeguarding Committee.
- No child under 18 years of age will be given medication that contains aspirin without a doctor's prescription.
- Parents may give permission for their child to receive certain non-prescription medicines (not aspirin) but this should be done in consultation with the school and with written permission, where possible. Parents should be informed before the medicine is administered and a record kept in line with the policy.
- Any medications left over at the end of the course will be returned to the student's parent/carer. Written records will be kept of any medication administered to students.
- Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed.
- All medicines will be placed in a secure location away from other children.
- Medicines and devices such as asthma inhalers, blood testing meters and adrenaline pens will always be available to children in a secure cupboard. The key for the cupboard is on the wall in the back of the reception.
- If medicines require refrigeration parents will be advised of the school's ability to store such medicines at the time of application via the medication form.

Appendix 5 – Guidance at a Glance for Staff

The table below contains advice that members of staff can refer to when administering medicines to students in school. It is based on the Department for Education's statutory guidance on supporting students at school with medical conditions.

Do	Do Not
<ul style="list-style-type: none"> ✓ Remember that any member of school staff may be asked to provide support to students with medical conditions, but they are not obliged to do so ✓ Check the maximum dosage and when the previous dosage was taken before administering medicine ✓ Keep a record of all medicines administered to individual children. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it ✓ Inform parents if their child has received medicine or been unwell at school ✓ Store medicine safely ✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately 	<ul style="list-style-type: none"> ✗ Give prescription medicines or undertake healthcare procedures without appropriate training ✗ Accept medicines unless they are in- date, labelled, in the original container and accompanied by instructions ✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances ✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor ✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers ✗ Force a child to take his or her medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform his or her parents