

Weald of Kent Grammar School

Supporting students with Medical Conditions Policy (including First Aid and Medicine Policies) – September 2023

At Weald of Kent Grammar Academy Trust (Weald), we take the individual needs of all students seriously. We understand that children with medical conditions have varying and particular needs and endeavour to ensure that all students have access to all available opportunities. We seek to include parents, carers and students themselves in the processes that affect them. We recognise that children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children.

The aim of this policy is to “ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential” (Supporting Students with Medical Needs, DfE, p.5).

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The school abides by the following guidance and statutory requirements:

- Children and Families Act 2014 (Section 100)
- Supporting students at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE, 2017
- 0-25 SEND Code of Practice, DfE, 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE, 2014
- Equalities Act 2010
- Schools Admissions Code, DfE, 2014

This policy should be read in conjunction with the following school policies:

- SEN and Inclusion Policy
- Safeguarding Policy
- Attendance Policy
- Admission Policy

This policy will be reviewed annually in accordance with DfE Guidance on Statutory policies for schools and academy trusts.

1. Definitions of medical conditions

Students' medical needs may be broadly summarised as being of two types.

Short-term medical conditions may affect a student's participation at school for example, if they have been prescribed a course of medication.

Long-term medical conditions potentially limit a student's access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances.

It is important that parents feel confident that the school will provide effective support for their child's medical condition and that students feel safe.

Some children with medical conditions may be considered disabled. In this case, the Board of Trustees must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a Statement of Special Educational Needs or Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN Policy and the individual healthcare plan will become part of the EHCP.

2. Roles and Responsibilities

2.1 The statutory duty of the Board of Trustees and the content of this policy

The Board of Trustees remain legally responsible and accountable for fulfilling their statutory duty for supporting students at school with medical conditions. The Board of Trustees of Weald fulfil this by:

- Ensuring that arrangements are in place to support students with medical conditions. In doing so the Board will ensure that such children can access and enjoy the same opportunities at school as any other child.
- Taking into account that many medical conditions may affect quality of life or may be life-threatening and ensuring the focus is on the needs of each individual child.
- Ensuring that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, the Board will ensure that students' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so.
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies and systems are properly implemented.
- Ensuring that this policy is reviewed and maintained according to statutory guidance.
- Ensuring that the school policy covers:
 - arrangements for children who are competent to manage their own health needs and medicines;
 - the roles and responsibilities of those involved with supporting students with health needs and the training of staff;
 - emergency situations;
 - the completion of written records regarding medical needs;
 - protocols and guidance regarding inclusion on school trips and other non-classroom based activities;
 - making acceptable and unacceptable practice clear; and
 - complaints procedures.

2.2 The Headteacher

The statutory duty and legal responsibility for making arrangements for supporting students at school with medical conditions rests with the Board of Trustees. The Trustees have conferred the following functions of the implementation of this policy to the staff below.

The overall responsibility for the implementation of this policy is given to the Headteacher. The Headteacher will be strategically responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover are such that someone is

always available and on-site with an appropriate level of training. The Headteacher will also be responsible for ensuring that key staff (DSL, School Nurses) brief supply teachers, prepare risk assessments for school visits, and other school activities outside of the normal timetable, and for the monitoring of individual healthcare plans.

2.3 School Staff

All staff who play a role in supporting students with medical needs should have read and understood this policy, in conjunction with 'Supporting students at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England', DfE, 2015.

The School Nurse(s) will be responsible in conjunction with parents, carers and other staff for drawing up, implementing and keeping under review the individual healthcare plan for students and making sure relevant staff are aware of these plans. The School Nurses will be the initial and lead contact point for First Aid, health and medical referrals.

There are a number of staff across both campuses who are trained in First Aid. The Headteacher's PA and School Nurse/s hold the list of First Aiders.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All members of staff must read and understand the individual healthcare plans of the students they have regular contact with, or supervise, for example on trips and visits.

2.4 Parents and Carers

Parents and carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan (IHP).

They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Though the school will monitor drug and medicine expiry dates, it is the responsibility of the parents and carers to ensure that access to in-date medication is available for school use. The school will not administer medicines that are out of date. Parents and carers should support the school in the disposal of out of date medication.

Finally, parents and carers have a legal responsibility to ensure their child attends school when they are fit to do so.

2.5 Students

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, and comply with, their individual healthcare plan (IHP).

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the IHP. Wherever possible children will be allowed to carry their own medicines and relevant devices. Alternatively the student will be able to access their medication for self-medication quickly and easily.

Students' medicines will be securely stored in the Student Services medicine cabinets or fridges to ensure that the safeguarding of other children is not compromised.

The School recognises that children who take their medicines themselves and/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 student fails to arrive for essential medicine at a particular time that they are expected, we will send a member of staff to find them if it is felt that their health or IHP is at risk. If a child is taking low level medication to support general health but that does not constitute a risk to their health or IHP, then an adult may not be available to find them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. This will be entered into the medicine record and parents will be informed so that alternative options can be considered.

2.6 Local authorities

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation.

The local authority will work with the school 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.

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and students with SEN and considering the quality of teaching and the progress made by these students. Inspectors are already briefed to consider the needs of students with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

3. Procedures for Supporting Students with Medical Needs

3.1 Admissions and attendance

For children being admitted to Weald for the first time with good notification given, the arrangements will be in place for the start of the relevant school term, will represent the school's best endeavours and will be in line with the requirements of the Disability Discrimination Act. To enable this, the school will arrange a pre-visit to the child's current educational setting in the summer term prior to admission. The SENCos will also attend, where possible, relevant multi-agency meetings or meet with parents when requested.

We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all students' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

In the event of a new diagnosis, or a student enrolling at Weald during the school year, the school will make every effort to ensure that initial arrangements are put in place within two weeks.

We will ensure that staff are properly trained and supervised to support students' medical conditions and will be clear and unambiguous about the need to support students with medical conditions to participate in all aspects of school life.

We will make arrangements for the inclusion of students in activities and school visits with any adjustments available, unless evidence from a clinician (such as a GP) states that this is not possible.

3.2 Diagnosis and evidence of Medical Needs

On admission to the school, all parents and carers will receive an online medical form to complete and return to school. The 'Parental Agreement for Staff to Administer Medicine' form is available on the school website.

A completed medical form that outlines medical needs will initiate a Healthcare plan. The medical form needs to be returned promptly in order to allow the school time to put appropriate support in place. It is the parents/carers responsibility to tell the school if a diagnosis changes before the annual review of the Healthcare plan.

The school does not have to wait for a formal diagnosis before providing support to students.

It is our policy to request evidence and information regarding diagnoses to ensure that the best and safest support can be accessed.

In cases where Access Arrangements for examination are requested, a medical letter, confirmation of access needs or diagnosis is necessary. This is not sufficient on its own as evidence and the SENCos must give further evidence that the requested access is in line with the student's usual way of working (Joint Council for Qualifications guidance).

In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be based on available evidence and consultation with parents and carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. In these cases, a Healthcare Plan can still be put in place.

To ensure appropriate support is in place, the school may request the permission of parents to share information across agencies e.g. between Family Doctor and School Nurses. This will always be requested in writing and the prerogative to share that information lies with the parent/carer.

In cases where a school Designated Safeguarding Lead (DSL) feels there may be reason to question a diagnosis due to the safety of the child, for example in the suspicion of Fabricated or Induced illness, they will seek the advice of Children's Services and can call on the advice of medical professionals without a parent's permission. This is a rare circumstance and must be led by a DSL and in consultation with professionals in Social Care.

3.3 Individual Healthcare Plans

Individual healthcare plans (IHP) will help to ensure that the school effectively supports students with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. However, not all children will require one.

In creating an Individual Healthcare Plan the school will:

- Seek parents/carers and the student's views in all circumstances.
- Seek to reach an agreement as to whether an IHP is appropriate.

- Use a graduated approach to assessing and reviewing support for those with medical conditions. A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided in Appendix One.
- Make IHPs available to all who need to refer to them, while preserving confidentiality and abiding by Local Authority training on Information Sharing.
- Clearly outline the outcomes sought in an IHP.
- Alter, change or adapt the IHP if it is not achieving outcomes required.
- Cease the use of an IHP if it is deemed by parents, carers and staff with responsibility (listed in this policy) as no longer being required.
- Agree suitable review dates for the plan.
- Add the IHP to an Education, Health and Care plan (EHCP) if a student has been through statutory assessment.
- Hold the final responsibility in the creation and implementation of the IHP.
- Work with the Local Authority and related agencies to seek support in the creation and implementation of the IHP when appropriate.

An Individual Healthcare Plan should, where relevant, include:

- The medical condition, its triggers, signs, symptoms and treatments.
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the student's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs and 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.
- The staff in the school who need to be aware of the child's condition and the support required.
- Arrangements for written permission from parents/carer 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 child can participate e.g. risk assessment.
- Where confidentiality issues are raised by the parent or child, the designated individual to be entrusted with information about the child's condition.
- 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 IHP.

3.4 Support from Other Services in producing Individual Healthcare Plans

In addition, we can refer to the Community Health professionals for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to students with medical conditions.

Other healthcare professionals, including GPs and paediatricians should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)

3.5 Other issues for consideration

Where a student uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the student's individual healthcare plan with the local authority.

4. First Aid

A list of all qualified First Aiders and those trained in the use of a defibrillator can be accessed from Student Services.

4.1 First Aid at school

The Student Services department is responsible as the lead contact point for First Aid support and holds medicines for students. The medical rooms are also within the Student Services departments on both sites.

In the event of an emergency help should be summoned via Student Services or reception who will arrange for a qualified First Aider to attend the scene. Staff can send a sensible student to request this if leaving the scene might present a risk to a student.

The location of First Aid boxes will be clearly marked and placed around the school including those areas using specialist equipment such as ovens, tools and chemicals. First aid boxes will be checked for stock on a regular basis, at least every term (i.e. six times a year), or replenished after an incident.

First aid should be administered by qualified First Aiders in line with 'Guidance for First Aid in Schools'. This includes:

- Only plasters from the First Aid boxes should be given to students.
- Plastic gloves should be worn when treating open wounds.
- Applying heat or ice is a method of First Aid treatment and therefore should not be given to a student without a prior First Aid check. The student should then stay in Student Services while the heat or ice is applied.
- Contaminated dressings should be wrapped and carefully disposed of in the Clinical Waste bin provided in the Medical Rooms.
- All head injuries in school will be reported at the earliest opportunity to the parents and carers of the student.
- The school cannot report each fall to parents but all accidents happening in a school context or property must be recorded on an official accident report.

4.2 First Aid on Day Trips, Residential Visits, and Sporting Activities

We will actively support students with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions can be included safely. This will involve consultation with parents and carers and relevant healthcare professionals and will be informed by Health and Safety Executive (HSE) guidance on school trips.

The staff member in charge of organising the trip is responsible for contacting Student Services for additional information regarding the health and well-being of all students attending. Healthcare plans are available, divided by year group, to all staff at all times on the staff electronic drive.

A First Aid certified staff member must be present on all school trips. Teachers at sporting or other activities on other sites including schools should take measures to be certain that First Aid is available at the school and/or that a portable First Aid kit is taken. Portable First Aid kits are available for all school visits from Student Services. During school trips the first aid trained member of staff will carry all medical devices and medicines required.

4.3 Emergency Procedures

The Headteacher and the Board of Trustees will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what to do. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

A child who has fallen on, or who may have injured their neck, back, or spine **should NOT be moved** from their location. Staff and students will call Student Services who will source a First Aider to attend the scene.

All accidents and emergencies in school are recorded on efficient and up to date recording and monitoring systems and are regularly reviewed by the Student Services team, and termly by the Health and Safety group.

5. Medicines

5.1 Key principles:

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- Students are expected to administer doses of medicines themselves whenever appropriate.
- Any student bringing medicine into school must have completed a Medicine Form available to download from the school website.
- A staff member is not under an obligation to administer medicines. However the school will endeavour to support students in this way whenever possible.
- The administration of medicines that require specialist training for use, such as injections or administering of medicines to a student who has a strong emotional or physical reaction to the process, are circumstances that can only be done with the approval of staff members involved and the Headteacher's permission.

5.2 Procedures

At Weald the following procedures relating to medicines are to be followed. These can be found on page 20 of 'Supporting students at school with medical conditions', DfE, 2015.

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents' 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 should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- Students taking prescribed medicines during school hours must administer doses themselves. Drugs can be stored in Student Services, provided instructions on dosage and the student's name and form are clearly marked on the original packaging or in an envelope clearly marked with the dosage instructions.

- We will not administer non-prescription medicines without parental consent and then only in exceptional circumstances where it would be detrimental to a student's health or well-being not to do so.
- The school will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, 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 be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than the original container.
- No antiseptic cream or pain relief should be given to students unless we have permission from parents.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Weald will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of medication administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

5.3 Storage of Medicines

All medicines will be stored safely in Student Services. Medicines will be kept in secure, locked storage. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

Back up medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in Student Services and are not locked away. Students should carry an adrenaline pen and inhaler with them.

Asthma inhalers should be marked with the child's name.

Spare asthma inhalers are held in Student Services for emergency use.

At Weald, all students under the age of 16 must pass on prescribed medications to Student Services to be stored securely.

Students should not keep any prescription medicine on their person, however school policy allows students to have a maximum of two over-the-counter painkillers with them each school day (e.g. ibuprofen/ paracetamol). Passing it to another child for use is an offence that will be dealt with through school disciplinary procedures. Otherwise we will keep all controlled drugs that have been prescribed for a student securely stored in a clearly labelled container and only Student Services staff and staff leading a trip will have access.

When no longer required, medicines should be returned to the parent/carer to arrange safe disposal.

Sharps boxes should always be used for the disposal of needles and other sharps.

Creams and ointments including ice and heat rubs and sprays are medication and must be stored in the Student Services medical room.

6. Staff Training

Records of all staff training for supporting students with Medical Needs will be held by the Headteacher's PA.

Training should 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 set out in the Individual Healthcare Plans (IHP). They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing the policy. The Headteacher will seek to access advice from relevant healthcare professions about training needs, including preventative and emergency measure for staff.

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 will be asked for their views. They should provide specific advice but should not be the sole trainer.

Following significant accidents and emergencies, staff involved will review processes followed and ensure staff are supported.

Unacceptable Practice

Although staff at Weald should use their discretion and judge each case on its merit with reference to the child's Individual Healthcare Plan (IHP), 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 and carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP;
- 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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents and carers, 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; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and Indemnity

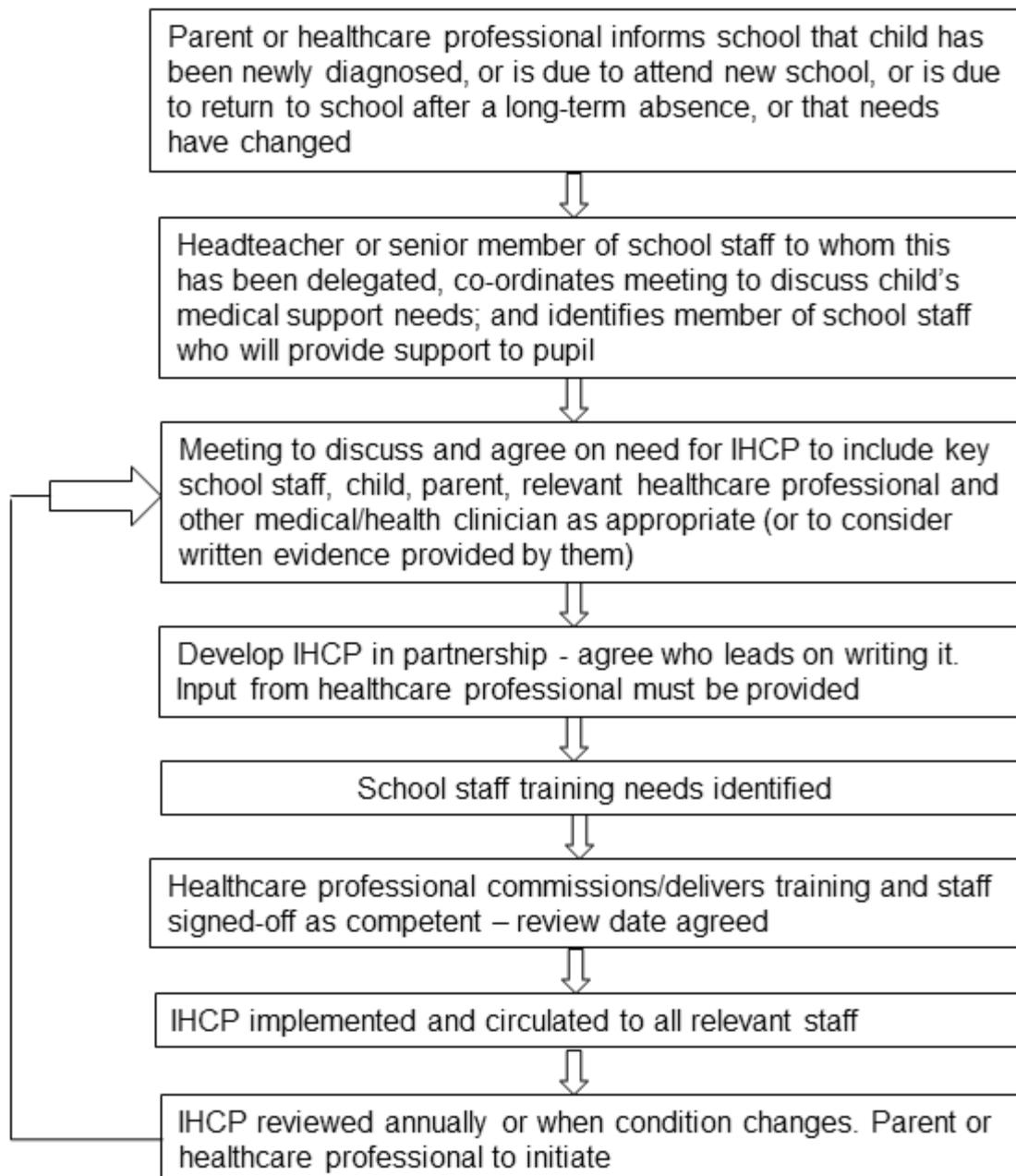
The school's insurance is covered by risk protection arrangement (RPA) membership with the Department of Education.

Complaints

Should parents and carers be unhappy with any aspect of their child's care at Weald, they must discuss their concerns with the school. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Weald Complaints Procedure.

Appendix A

Model process for developing individual healthcare plans



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