



**Ludlow Church of England School**  
**Supporting Students with Medical Needs**

Approved By	School Performance Committee
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## Supporting Students with Medical Conditions

Students at school with medical conditions should be properly supported so that they can play an active part in school, remaining healthy and able to achieve their academic potential, with full access to education, including school trips and physical education.

Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions.

### Definition of the term Medical Condition used in this context

A medical condition that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case the Local Academy Board (LAB) must comply with their duties under the Equality Act 2010. Some may also have special educational needs or disabilities (SEND) and may have a statement, or Education, Health Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the school's Local Offer.

### Responsibilities

The Local Academy Board must ensure that arrangements are in place in school to support students with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. The school, Local Authority, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

The Local Academy Board should ensure that the school's leaders liaise with health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported. The needs of each individual child must be considered and how their medical condition impacts on their school life.

The Local Academy Board must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties. Policies should be reviewed regularly and be readily accessible to parents and school staff.

The Local Academy Board should ensure that:

- the arrangements they set up include details on how the school's policy will be **implemented** effectively, including a **named person** who has overall responsibility for policy implementation
- that the school's policy covers the role of **individual healthcare plans**, and who is responsible for their development, in supporting students at school with medical conditions

- that **written records** are kept of all medicines administered to children
- that their arrangements are clear and unambiguous about the need to actively support students with medical conditions to **participate in school trips and visits, or in sporting activities**, and not prevent them from doing so
- that **staff are properly trained** to provide the support that students need. Dates of training are recorded on the school's Management Information System
- that the school's policy sets out what should happen in an **emergency situation**
- that the appropriate **level of insurance** is in place and appropriately reflects the level of risk, with **risk assessment** being carried, when appropriate
- **parents provide** the school with sufficient and **up-to-date information** about their child's medical needs. This will be prompted with an annual data check.

Where students would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs.

### Statement of intent

All students attending the school with a medical condition (meeting the above definition) must have an Individual Healthcare Plan.

The school, healthcare professionals and parents/carers should agree, based on evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate. Where there is a discrepancy an appropriate healthcare professional should be asked to arbitrate.

Individual Healthcare Plans must:

- Be clear and concise
- Be written in partnership with parents, child, healthcare professional and key staff
- Be reviewed annually or when there is a change in the condition of the child
- Be easily accessible whilst preserving confidentiality. Securely stored by First Aid lead/Designated teacher
- Outline educational provision if the student is unable to attend school
- Contain details of the medical condition, its triggers, signs, symptoms and treatments
- Include relevant SEND information
- Provide details of 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, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons
- Outline specific support for the student's educational, social and emotional needs – for example, how absences will be managed, changes to the school day and details of a personalised curriculum, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc
- Outline 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

- State 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
- A flowchart for identifying and agreeing the support a child needs and developing an IHCP can be found at annex A in DfE guidance 2015.

The school will:

- Ensure that students with medical conditions are identified as they transfer to the school and through the ongoing annual data check process: arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.
- Arrange for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.
- Designate individuals to be entrusted with information about a student's condition; where confidentiality issues are raised by the parent/child.
- Have an identified key worker trained to specifically meet the needs of students with a statement of SEN linked to a medical condition.
- Always have a minimum of two members of staff available trained in first aid response with knowledge of the students with medical conditions and access to their IHCPs.
- Be clear about what to do in an emergency, including who 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.
- Make all staff (including supply teachers) working directly with students aware of the students in the school with medical conditions, through the COP and display in staffroom.
- Provide sufficient training for staff to meet the needs of students at the school with medical conditions.
- Include information about school's policy for supporting students with medical needs at induction of new staff.

### **Good Practice**

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. Students with a medical condition will not be denied admission or be prevented from taking up a place in school because arrangements for their medical condition have not been made.

Prescription medicines and health care procedures will only be given by staff following appropriate training from medical professionals.

Staff will not force students to take medicines or have necessary procedures against their will. They will aim to follow the procedure agreed in the Individual Healthcare Plan and contact parents when alternative options may need to be considered.

Staff should use their discretion and judge each case on its merits with reference to the student's Individual Healthcare Plan. Staff should make inhalers and medication easily accessible to students and administer their medication when and where necessary.

Staff should give individual, personalised care to students even those with the same condition.

Staff should take the views of the student and their parents into account; act on medical evidence and opinion but challenge it when appropriate.

Staff should encourage students with medical conditions to remain in school for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans.

Staff should supervise students with medical conditions if they become ill.

Students must not be penalised for their attendance record if their absences are related to their medical conditions e.g. hospital appointments.

Staff should encourage students to drink, eat and take toilet or other breaks whenever they need to in order to manage their medical condition effectively.

Staff should support parents in meeting the medical needs of their child in school by accepting responsibility for the student's medical needs at school and encourage students with medical conditions to participate, in all aspects of school life, including school trips.

## **Complaints**

Parents/carers' concerns about the support provided for their child with a medical condition should be directed, in the first instance, to the designated lead for supporting students with medical conditions, Lyn Hughes. Where parents/carers feel their concerns have not been addressed, they should contact Paula Hearle (Headteacher). If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaint procedure. (See website for details)

## **Supporting documents:**

Equality Act 2010

SEND Code of Practice

SEND Local Offer

Supporting Children at school with Medical Conditions - DfE December 2015

Extract from Ludlow CE School Health and Safety Policy - First Aid (Appendix 1)

Supporting Students with Medical Conditions Flowchart (Appendix 2)

## 6.10 First Aid

The school will ensure that adequate and appropriate facilities are provided to enable first aid to be administered to staff and students, should they be injured or become ill. The school must ensure the provision is suitable for the school at all times, including out of normal working hours and on visits and journeys.

If medical assistance is thought to be necessary, parents will be contacted. However, should the parent(s) be unavailable, medical assistance will be sought by the school and the child will be accompanied to the doctor's or hospital by a member of staff.

The school seeks to ensure that at least 3 members of staff have received training on a first aid course.

First Aid training will be provided by Shropshire Council's Occupational Health Team. The names of First Aider's are displayed in Reception.

### 6.10.1 First Aid Facilities

- The first aid boxes are placed in clearly identified and accessible locations. The main First Aid point is In the Pupil Support Centre
- Each first aid box contains a list of required first aid items and sufficient quantities of suitable first aid material, and nothing else. Contents of the box will be replenished as soon as possible after use, in order to ensure there is always adequate supply of all materials. All first aid boxes are checked on a regular basis by a qualified First Aider
- Disposable plastic gloves are provided in the first aid box, properly stored and checked regularly, to ensure that they remain in good condition
- The names and location of the First Aiders is recorded on the H&S notice by the school office

### 6.10.2 Recording First Aid Treatment

Records of all incidents treated will be made in the Accident/Incident Book for students for events that do not arise out of a fault of the premise/activity etc. There is a separate Staff Accident Book for recording incidents. All notifiable incidents will be recorded on the accident forms, reported to FANDRMS and copies kept in the Business Manager's office. *The list of serious injuries that need to be reported to Ofsted can be found on Page 36 of the Safeguarding and Child Protection Policy.*

### 6.10.3 Administration of Medicines (also see 'Supporting Pupils with Medical Conditions')

First Aid does not include administering medicines to children. Staff will require additional training and consent to administer medicines e.g. insulin, use of an epi-pen etc. This will only be after full consultation with the parents/carers, the school nurse and in conjunction with an IHCP (Individual Health Care Plan)

Staff can be with the child as the child administers their own medicine. Any member of staff witnessing the child taking their medicine must sign a record to confirm this. Whenever possible, 2 members of staff will be present, especially when having to administer the medication.

Medicines are kept in the Reception office, or can be found stored in the fridge in the office if required to be refrigerated. The Asthma Policy and Guidelines contains the consent form for administering medicines.

Medication for some students is kept in the SENDCO office, enabling students a degree of privacy. These controlled substances are securely locked away and then contained within a locked box. Records are kept of the amount of medication currently available and dosage is signed off accordingly by 2 members of staff when self-administered by the student.

Parents/carers will be required to complete a consent form asking for medicine to be stored in the school. Parents/carers must be made aware they will be responsible for making sure the medicine is kept within date.

## Supporting Students with Medical Conditions

Refer to: *Supporting pupils at school with medical conditions*  
DfE December 2015 and Ludlow CE School Policy

Student Data Officer (CR) records all details of students with medical conditions from admission data forms and from annual data check onto SIMs.

Healthcare professional or parent informs school of medical needs on admission, or if newly diagnosed, or that needs have changed.

Collated information shared with staff by LH (designated lead) at PD Day and posted on staffroom medical board and in medical file.

First Aid team with LH (designated medical needs lead) identify those students needing an Individual Healthcare Plan (IHCP) or Education, Health Care Plan (EHCP) with a high level of medical need e.g. diabetes, severe allergic reaction (epi-pen users), and epilepsy.

School staff training needs identified and actioned through LH, RM and school nurse.

Student photographs and details of medical need posted by ARL in Staff Room.

List of key staff posted by ARL in staffroom; **LH designated lead**, including asthma lead.

Risk assessments for school visits and activities off site include relevant medical information (RM). All consent forms include a request for medical information.

LH co-ordinates IHCP/EHCP through partnership meeting with parents, child, healthcare professionals, key staff (SENCO, CLT/tutor), as appropriate. Agreement reached what support is needed, and who leads on writing the IHCP/EHCP. (guidance p10 DfE document)

Administering non-prescription medicines: written permission must be provided by parents/carers, and filed in reception; if a child is unwell, parental permission must be sought before administering pain relief. Record kept of all medicines administered by ARL/admin team. Parent/carers must collect all unused medicines for disposal.

Parents requested to collect all unused medicines for disposal.

IHCP/EHCP implemented and circulated to all relevant staff – First Aid team, CLT/tutor.

IHCP/EHCP reviewed annually or when conditions changes. In summer term, letter is sent home to remind parents to make sure spare medicines (inhaler/epi-pens) kept in school are in date. (LH/ARL)