



## SUPPORTING STUDENTS AT SCHOOL WITH MEDICAL CONDITIONS

### Commentary

This policy outlines how Hasmonean Multi-Academy Trust (“Hasmonean”) will implement the statutory guidance published by the DfE regarding ‘Supporting students at school with medical conditions’<sup>1</sup>.

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.

At Hasmonean, in accordance with the Act, the term ‘medical conditions’ is interpreted to mean students with ongoing medical problems. Other medical matters, including First Aid, are covered in a separate policy.

### Introduction

The Hasmonean Multi-Academy Trust comprises two schools; namely Hasmonean High School for Girls and Hasmonean High School for Boys. The term ‘School’ refers to either or both schools as appropriate and the term Headteacher refers to the Headteacher of either or both schools as appropriate.

The Special Educational Needs Co-ordinator (SENDCo) at Hasmonean Boys is Ruthanne Sireling ([r.sireling@hasmonean.co.uk](mailto:r.sireling@hasmonean.co.uk)) / ext. 258 and Mrs Melanie Sutton at Hasmonean Girls ext 332

The Student Services Officers (SSO) at Hasmonean are Mrs S Fine ([s.fine@hasmonean.co.uk](mailto:s.fine@hasmonean.co.uk)) / ext. 213 (Boys’ School)) and Ms B Burrell ([b.burrell@hasmonean.co.uk](mailto:b.burrell@hasmonean.co.uk)) / ext. 309 (Girls’ School))

The school is under a duty to make arrangements for supporting students with medical conditions. All children with medical conditions, both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Students with long-term medical issues may require additional support and care whilst at school to help them manage their condition. This may include helping with medication and intervening in emergency circumstances. Long-term absence, short-term absence and frequent absences for

healthcare appointments may impact a student's social and emotional wellbeing. Reintegration following an absence will be properly supported by the school in order that the student's educational attainment and emotional wellbeing are effectively managed.

Hasmonean will maintain a focus on each individual child with a medical condition and seek to give parents and students confidence in the school's ability to provide effective support for medical conditions in school.

Hasmonean 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

### **Notification Procedure**

When the school is notified that student who is due to join the school has an on-going medical condition, arrangements must be in place before the child starts at the school. Key staff will need to be informed of the child's medical condition and arrangements to support the child will be implemented.

When the school is notified that a current student has been diagnosed with a medical issue, every effort must be made to ensure arrangements are put in place within two weeks of notification. Schools do not have to wait for a formal diagnosis before providing support to students, however judgement will need to be made regarding the support offered to the child based on the available evidence.

### **Policy Implementation**

- The Headteacher has overall responsibility for the implementation of this policy.
- The school is committed to making sure that all relevant staff will be made aware of the child's condition as follows:
  - The Year Leader for year 7 will ensure comprehensive information regarding an incoming student's medical condition is included in the confidential information file disseminated to staff.
  - The Year Leader for mid-year transfer students will ensure comprehensive information regarding an incoming student's medical condition is included in the confidential information file disseminated to staff.
  - The Year Leader will liaise with the SENDCo if the student has SEND needs, or the DSL/Assistant Headteacher of Pastoral if not and the student services officers on this matter and the writing and implementation of the IHP.
  - First Aid staff will undergo training at the start of the academic year (or in year if appropriate) as part of the first day INSET in September.
  - Student Services Officers (SSO) at each school will take responsibility for ensuring relevant staff are informed about students with various conditions.
  - Where a new Year Leader takes over a year group, the current Year Leader will ensure a comprehensive handover of information to include that of students with ongoing medical conditions.
- The school has arrangements in place in case of staff absence or staff turnover to ensure someone is always available. The SSO will ensure that staff are updated annually so that new staff are aware of students with medical conditions

- The SSO will ensure the cover supervisor has a comprehensive list of students with medical conditions which is given to supply teachers with instructions as to procedure in the event of an emergency.
- 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 Educational Trips Coordinator.
- The school will monitor individual healthcare plans at annual review for students with an EHCP or in the summer term in preparation for the forthcoming academic year.

### **Individual Healthcare Plans (IHP)**

An Individual Healthcare Plan will document a child's medical needs and provisions. The purpose of the IHP is to assist the school in ensuring that it meets the needs of the child. It will capture key information and actions to support the student effectively. Not all students will need an IHP and it is the decision of the school, healthcare professional and parents, based on evidence, when a IHP would be appropriate or not. If a consensus cannot be reached the Headteacher is best placed to take a final view.

The IHP is written with input from all the relevant parties including the school nurse, and parent. At Hasmorean IHPs are written by the SENDCo if a student has a SEND requirement, otherwise it will be the relevant Year Leader or Assistant Headteacher (Pastoral)

IHPs will be developed with the child's best interests in mind and will ensure that the school assesses and manage risks to the child's education, health and social well-being, and minimises disruption. All staff who are closely associated with the student e.g. Year Leader, Form Tutor and the SSO will be sent an electronic copy of the IHP. Other staff will be able to access the IHP from central records, as indicated by the SENDCo, and on the child's Bromcom page. A hard copy of the IHP will be held in a file in the SSO office. The IHP will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Appendix 1 outlines the information that will be recorded on IHPs.

### **Child's role in managing own medical needs**

Children who are competent should be positively encouraged to take responsibility for their own medical needs. This should be done after discussion with the student's parents and will be reflected in their IHPs. Where possible, children will carry their own medicines or devices, however, in some cases, the school will hold the medication in the Medical Room where it can be easily obtained.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

Where a child is reluctant to take their medication, the school will not force the child to do so, but support the child to reach the level of responsibility agreed and documented in the IHP. This will be discussed annually at the review. No child will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

## Managing medicines on school premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Medication should never be administered to a child under 16 (prescription or non-prescription) without their parent's written consent and dosage instructions. In exceptional circumstances, where the medicine has been prescribed to the child without the knowledge of the parents, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Hasmane expects that where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours and parents will be informed of this by the SSO.
- Medication should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- The school will only accept prescribed medicines 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 still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely and according to instructions. Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This includes during school trips whether day or residential and this will be accounted for as part of the risk assessment.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. The student will be made aware of this. The school will otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- Appropriately trained school staff (in the majority of cases this will be the SSO) may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school 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 the medication to be administered at school will be noted. A record book will be kept at each site in the SSO office and will be the responsibility of the SSO.
- The circumstances in which the school will administer non-prescription medicines will be set out in the IHP or, where non-prescription medicines are not covered in the IHP, as laid down in the school's first aid policy.
- When administering **all** medication, written records must be kept. It is also advised that parents are informed if their child has been unwell at school, even if they stay at school for the whole school day.

## **Procedures for emergency situations**

- Where in place, the IHP will outline any specific procedure required in the event of an emergency. A hard copy of the IHP will be kept in the SSO office at each site and be readily accessible
- In the event of an emergency, where a student is able to walk to the SSO office they should be accompanied by another student or a member of staff. Where this is not possible a student will be sent to call the SSO. Should it be necessary, the SSO will contact emergency services. Parents will be notified after this time.
- A full risk assessment prior to any off site activities that involve a student with a medical condition will be undertaken. The first aider on the trip will be responsible for carrying accurate information about the student and ensuring they have their medication with them before leaving the school premises.
- If a child needs to be taken to hospital, staff should stay with the child until a parent or guardian arrives.

## **Day trips visits and sporting activities**

Hasmonean actively supports students with medical conditions and will encourage them to participate in all school trips and visits, and sporting activities. Where possible the school will offer flexibility and make reasonable adjustments so that students with medical conditions can take part.

The school will carry out risk assessments regarding the participation of students with medical needs. 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.

## **Good practice**

Hasmonean endeavours to implement good practice with regards to students with medical conditions. The school will ensure that:

- Students will be able to easily access their inhalers and medication and administer their medication when and where necessary;
- Each student is treated as an individual and not assume that students with the same condition require the same treatment;
- It includes the views of the child or their parents; and take note of medical evidence or opinion, (although this may be challenged);
- Students with medical conditions will not be sent home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- All children who become ill will be sent to the school office or medical room accompanied by a suitable individual;
- Students with medical conditions will not be penalised for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- Students are not prevented from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Parents do not feel obliged to attend to their child because the school is failing to support their child's medical needs. This includes not expecting parents to miss work to accompany their child on a school trip.
- Students will not be prevented from participating in any aspect of school life.

## **The Roles of those involved in providing support for students with medical conditions:**

### **Local Governing Body**

- The Local Governing Body is committed to supporting students with medical needs to ensure that they can access and enjoy the same opportunities at school as other students. Students will be dealt with on an individual basis and the focus will be on how *their* medical condition impacts *their* school life.
- The Local Governing Body will appoint one governor responsible for overseeing the implementation of this policy. This will be the same governor who deals with Safeguarding and Special Educational Needs.
- The Local Governing Body will liaise with the Headteacher to ensure that suitable staff have received appropriate training for this responsibility, and have access to the information and other support materials where applicable.
- The Local Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk or the academy is a member of the Department for Education's Risk Protection Arrangement (RPA). This insurance must cover staff providing support to students with medical conditions and liability cover relating to the administration of medication. Insurance policies will be available for inspection to staff who provide support.

### **Headteacher**

- The Headteacher takes responsibility for ensuring that this policy is developed and adequately implemented with partners.
- The will ensure that all staff are aware of the policy and understand their role in implementation.
- The Headteacher will ensure that all staff who need to know are aware of a particular child's medical condition and that sufficient staff are appropriately trained. This will be delegated to the SSO at each school and the Director of Operations who is responsible for First Aid training.
- The Headteacher will take overall responsibility for the development of Individual Healthcare Plans and will delegate the writing of these to the SENDCo who will report back annually.
- In conjunction with the Director of Finance, the Headteacher will ensure that staff are adequately insured and made aware of cover.

### **School Staff**

- Any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.
- School staff should take into consideration the medical conditions of the students they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

### **School nurse**

- Hasmorean has access to school nursing services via the local authority (London Borough of Barnet).

- The school nurse, as a representative of the local authority, is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. The school expects notification to take place where possible before the child starts at the school.
- Hasmaneian will work in partnership with the school nurse and may request support on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

### **Students**

- Students are expected to provide information about how their condition affects them so they can take a full role in discussions about their school life and make a positive contribution to their IHP.

### **Parents**

- Parents are required to provide the school with sufficient and up-to-date information and to inform the school immediately if there are any changes to their child's condition.
- Parents will be invited to play a role in the development and review of IHP.
- Parents are expected to undertake any action they agreed to as part of implementation of IHP.

### **External agencies**

- **The trust is committed to working with relevant partners and liaise with external agencies such as the LA, Clinical Commissioning Groups, and other healthcare professionals i.e. the child's doctor(s), psychologists etc.**

### **Staff Training**

Hasmaneian will ensure that it fulfils its responsibilities to ensure staff are properly trained and any member of staff providing support to a student with medical needs will be adequately equipped to do so.

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

- The Director of Operations will ensure staff who are first aid trained hold up to date certificates and receive ongoing training.
- The SENDCo or Year Leader will review all IHPs annually either at the annual review for statemented students or in the Summer Term. A list of students with medical conditions and how to treat them will be updated and distributed to staff.
- The SENDCo or Year Leader with support from the local authority where necessary will review the need for specialist training for supporting individual students.
- Whole school awareness training will be delivered at the September INSET (in a similar fashion to Safeguarding)
- The SSO will be responsible for ensuring that there are up to date hard copies detailing students with medical conditions and how to support them.
- The SSO will liaise with parents to ensure all medications are in date and replaced regularly although ultimate responsibility for this lies with the parents.

## Complaints handling

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.

### Appendix 1: Information to be included in student IHP

- *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, 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 of the specific school 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, eg. risk assessments;*
- *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.*

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