

Medical Needs Policy

Date: November 2023

Approved by: On behalf of the Full Governing Body

Last reviewed on: September 2021

Next review due by: November 2024

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.
- All children at Cambridge School have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- Our school will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition

2 ROLES AND RESPONSIBILITIES

The named persons responsible for children with medical conditions are the Deputy Headteacher and the Medical Co-ordinator.

The Medical Co-ordinator is responsible for:

- Informing relevant staff of medical conditions and keeping them up to date with all medical information
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Maintaining the administration, resourcing and record keeping of all medical conditions at the school.
- Ensuring that all medication kept on-site is recorded fully and in-date
- Supporting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans for high needs students
- Working together with parents, pupils, healthcare professionals and other agencies
- Ensuring that they adequately maintain their own training levels to support the range of medical conditions present in the school
- Ensuring that all paper logs sheets and entries on Edaware are complete and correct weekly. Training staff if they are not and flagging this to the Deputy Headteacher/Data Manager/Health and Safety Lead.

- Ensuring that all correspondence with parents/carers are carried out in a timely fashion.
- Ensuring that the school has an emergency supply of Epipens and Buccolam
- Ensuring that all out of date medication is disposed of safely
- Ensuring that all first aiders have access to a fully supplied first aid bag for when they are off site.
- Ensuring that all first aiders have access to first aid supplies.
- Ensuring that first aid equipment is ordered in a timely fashion.
- Ensuring that all medical staff are following a consistent school wide procedure.
- Ensuring that a medical briefing is held half termly and minutes of the meeting kept.
- Overseen and update the medication spreadsheet.

The Deputy Headteacher is responsible for:

- Co-ordinating and quality assuring medical provisions across the school
- Line managing and supporting the Medical Co-ordinator to successfully discharge their responsibilities
- Keeping up-to-date with latest government guidance and ensuring that the school is compliant with its statutory responsibilities.

The Governing Body is responsible for:

 Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.

The Headteacher, or their designated senior person, is responsible for:

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

The Data manager is responsible for:

- Checking all data is correctly logged
- Ensuring that all new staff are adequately trained
- Disseminating data to the correct professionals

Teachers and Support Staff are responsible for:

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in IHCPs
- Working with the Medical Co-ordinator, ensuring that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.

Parents and Guardians are responsible for:

- Informing the school in a timely manner of matters relating to any medical conditions or changes to a medical condition of their child that may affect their education
- Providing the school with the medication, resources and medical devices needed to manage their child's condition
- Maintaining regular communication with the Medical Co-ordinator and Class Team where appropriate and responding promptly to phone calls and enquiries from the school
- Attending, contributing and signing IHCP plans and attending review meetings as required

Students will be responsible for:

- Should be involved as much as possible in decisions and plans affecting them
- Should be encouraged to self-administer medication, with support, and where appropriate – to develop independence

The school nurse is responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- Providing support for staff on implementing a child's individual healthcare plan and providing advice and liaison including with regard to training
- Providing advice and support to the Deputy Headteacher and Medical Coordinator on best practice in relation to the storage and administration of routine and emergency medication
- Meeting, if required, with parents/carers in order to complete individual health care plans

3 PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION

- Where a member of staff is informed by a student, parent or professional of a new medical condition, they must inform the Medical Co-ordinator and/or the Deputy Headteacher as quickly as possible
- The Medical Co-ordinator will then liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child
- Where appropriate, an Individual Healthcare Plan will be drawn up
- APPENDIX A outlines the process for developing individual healthcare plans
- The Medical Co-ordinator will, where appropriate, add the medical condition to the school records and meet to notify the relevant members of staff, including the class team

4 INDIVIDUAL HEALTHCARE PLANS (IHCPS)

- An ICHP will be written for pupils with any medical condition that is long term and requires support to manage in school. Common examples of such conditions may include: severe allergies, Type-1 or Type-2 diabetes, epilepsy or severe asthma.
- The IHCP will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency clarity
- The child's special educational needs, and how these impact the support they need, will be mentioned in their IHCP
- All IHCPs will be reviewed at least annually, or earlier if evidence is provided that a child's needs have changed

5 ADMINISTERING MEDICINES

- Written consent from parents must be received before administering any
 medicine to a child at school. The School's medical consent form should be
 used to record this (APPENDIX B).
- Medicines will only be accepted for administration if they are:
- Prescribed by medical professional
- In-date
- Labelled clearly with the child's name
- Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

- *An exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- Routine medicines should be stored safely in the first aid room, in a locked cabinet. Children and their supporting adults should know where their medicines are at all times.
- Written records will be kept of all medicines administered to children using the medication log (APPENDIX C)
- The school may, with consent from a parent, administer paracetamol or ibuprofen at the advised dosage on the label to a student during the school day. Decisions will be made on a case-by-case basis, and consent must be sought on each occasion. A written record will be kept in line with other medicines.

STORAGE AND ADMINISTRATION OF EMERGENCY MEDICATION

- Where a student requires access to emergency medication (e.g. Epipens, Inhalers etc.), a supply of this medication must be kept on-site in the first aid area. Emergency medication is kept in the first aid cupboard in boxes specific to each child.
- Emergency medication is locked away but all padlocks are coded for easy use. The code is 6161 on all cabinets.
- Parents must provide the school with a spare set of emergency medication for their child. Where this has not happened the school reserves the right to refuse admission to a student until the matter is resolved
- Where safe and appropriate students should carry their emergency medication with them at all times. Decisions on whether students can carry their own emergency medication are made on a case-by-case and are recorded in their IHCP
- The School holds its own spare supply of Salbutamol inhalers and EpiPens at reception which are reserved for use in the event that a student's emergency medication is missing or unavailable.
- Student's emergency medication must be brought with a responsible adult for all off-site activities and trips. It is the trip lead's responsibility to ensure that steps are taken in advance of all off-site visits to identify students who need emergency medication.
- Where additional training is required (above and beyond procedures covered in basic first aid training) this should be sourced by the child's parent, in consultation with the school and external professionals
- In a case where emergency medication has been administered, the member of staff will need to log this on Edaware. The Edaware log will be sent to the Medical Coordinator, the deputy Headteacher and the Health and Safety Lead.

 The school will keep accident records and to report to the HSE as required under the

RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

7 SUPPORTING STUDENTS WHO REPORT ILLNESS OR INJURY AT SCHOOL

- When a student feels unwell at school they should report this to a member of their class team, or other trusted adult. The trusted adult will then immediately call for first aid support using the school radio. Only first aid trained members of staff are authorised to support and treat with minor ailments
- When a student reports illness or injury to the school, a discretionary approach will be taken as to appropriate actions, these may include:
- Calling a parent or guardian
- Administering medication
- Applying basic first aid
- Requesting a student is picked up from school
- Calling for an ambulance
- Allowing the student a short time out of lessons
- Sending the student back to their lesson.
- Head Injury Any accident involving a student's head may result in an injury, which is not evident until later on the same day or even later. Parents/ carers must be contacted ASAP to inform them of the injury even if the student is to remain in school. A sticker will be given to the student so that all staff working with the student can keep an eye on them and note any changes or strange behaviour. We will call home when a student bangs their head and a letter will also be sent home with the student the same day confirming the nature of the injury and a copy kept on file. All head injuries should be logged on Edaware. A serious head injury will be referred for hospital treatment.
- All student illness or injuries are to be reported on Edaware, even where no
 action has been taken. A note will be made as to why no further action was
 required. Depending on the seriousness of the accident or injury, be logged
 on the Local Authorities online database. Staff should alert the Medical
 Coordinator if they think an accident or injury needs to be logged with the LA.
- All students and staff involved in a physical restraint or a physical encounter should been examined by a first aider following the restraint.

8 ADMINISTERING REGULAR MEDICATION

• If a student requires a regular medication, this should be administered only after permission has been sought from the parent/carer.

- Once the medication has been administered, the log sheet should be completed which can be found in the students class file under their name within the medical cupboard.
- The staff member administering the medication should log the name of the medication, date, time and quantity of medication given as well as sign the log sheet.
- If you are told that medication has changed in any way, this must be flagged
 to the medical coordinator and/or the Deputy Headteacher so that they are
 able to gain an updated care plan. You should not change medication unless
 a new signed health care plan/permission slip has been submitted by the
 parent/carer.
- All prescription and over the counter medication is logged on a spreadsheet which is overseen by the Medical Coordinator and the Deputy Headteacher.

9 SUPPORTING STUDENTS WHO TEMPORARILY REQUIRE A MEDICAL APPLIANCE AT SCHOOL

- Where a student requires a medical appliance or device to attend school on a temporary basis (eg. crutches, cast, sutures etc.) their parent must complete the permission form before entering circulation, with the Medical Co-ordinator or Deputy Headteacher
- Where possible a parent or guardian should be present and agree to the terms and arrangements in the permission form. If this is not possible the Medical Co-ordinator should call home to explain the arrangements and send a copy of the permission form home with the student (APPENDIX D)

10 ACTION IN EMERGENCIES

- The school has 13 nominated first aid officers who are first-aid trained every 2 years. For residential educational visits (overnight stays) a first-aid trained member of staff must attend.
- A full list of first aid trained members of staff can be found in APPENDIX E
- A copy of this information will be displayed in key areas across the school

In an emergency, a member of staff should, in the following order:

- Check the area is safe.
- Request an ambulance dial 999 and be ready with the information below.
 Speak slowly and clearly and be ready to repeat information if asked:
- The school's telephone number: 0208 735 0980

- Your name
- Your location: [Cambridge School, 61 Bryony Road, London W12 0SP]
- Provide the exact location of the patient within the school
- Provide the name of the child and a brief description of their symptoms
- Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- If they are not a first aider they should radio for a first aider to attend urgently
- Ask office staff to contact premises manager and to open relevant gates/doors for entry
- Contact the parents to inform them of the situation
- A member of staff should stay with the pupil at all times until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.
- On return, the responding member of staff must complete an emergency first aid form and debrief with the Deputy Headteacher

11 ACTIVITIES BEYOND THE USUAL CURRICULUM

Educational Visits and off-site activities

- It is the responsibility of the member of staff leading an educational visit to
 ensure that they have knowledge of how to support the medical needs of their
 students before leaving the school site. This step is listed on the school risk
 assessment form, which must be completed in advance of the trip
- The member of staff organising an educational visit, should provide a list of students to the Medical Co-ordinator no less than 48 hours before the beginning of the visit, who will then check the school medical register and prepare any medication needed in advance
- Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate

Enrichment activities

- The school offers a wide range of enrichments, some led directly by the school and some with external partners
- Where an off-site enrichment is led directly by a member of school staff, they should check their class list with the Medical Co-ordinator, as per the procedure for Educational Visits
- Where external partners lead an enrichment, the Medical Co-ordinator will ensure that high medical needs students have been highlighted to the group leader and that a copy of the IHCP along with parent contact details has been

provided. Any further responsibility for the care of these students lies with the external partners.

12 UNACCEPTABLE PRACTICE

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged)
- sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual health care plans
- if a child becomes seriously ill, sending them to another part of the building unaccompanied or with someone unsuitable
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing students with medical conditions from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues
- preventing 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

13 COMPLAINTS

- An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance
- If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in the school's complaints procedure, which is available on the school website

1

• Parent or healthcare professional informs the school that the child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed

2

•The member of staff informs the Medical Co-ordinator and Deputy Headteacher, who co-ordinate a meeting with the parent to discuss the child's medical support needs, and identifies the member of school staff who will support them

3

•A meeting is held to discuss and agree on need for an IHCP. Included at this meeting are key school staff, the class teacher or pod leader, child, parent, relevant healthcare professional and other clinicians as appropriate

4

•ICHP is developed in partnership - with agreement on who writes it. Input from a healthcare professional must be provided

5

School staff training needs are identified

6

•Healthcare professional comissions/delivers training and staff are signed-off as competent. A date for review is agreed

7

•IHCP is implemented and circulated to all relevant staff

8

•The ICHP is reviewed annually or when there is a significant change in the condition. Where the condition has changed, this should be initiated by the parent or healthcare professional

Individual Healthcare Plan

Name of Pupil:	Date of Birth:
Name and Contact Details of Parent/Guardian	ı
GP Name:	
Surgery Address:	
Surgery Phone No:	
Specialist Nurse/Doctor	
Name:	
Hospital:	
I have discussed this care plan with a health restricted that it reflects my/my child's health care	
Signature of Parent/Guardian:	Date:
Print Name:	
Health Care Plan Review Date:	

DIAGNOSIS

Health Care Needs In School
Response To Symptoms:
Emergency Action:
Health Care Plan Completed By:
Designation:
Date:

Parental Agreement for Cambridge School to Administer Medicine.

The school/setting will not give your child medicine unless you complete and sign this form.

Date for review	
Name of Student	
Date of Birth	
Medical Condition or Illness	
	,
Medicine	
Name of medicine	
(as described on the container)	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effect that the school	
needs to know about?	
Self-administration Y/N	
Procedures to take in an emergency	
NB: medicines must be in original conta	ainer as dispensed by the pharmacy.
Contact details	
Name of parent/carer	
Daytime telephone No	

Relationship to student	
Address	
I understand that I must deliver the medicine personally to Cambridge School.	Parent/carer sign
and I give to Cambridge School sta schools/setting policy. I will inform	st of my knowledge, accurate at the time of writing aff administering medicine in accordance with the the school immediately, in writing, if there is any the medication or if the medicine is stopped (if
Signature(s)	
Date	

Name of Student:	
Name of Medication: _	

Date given	Time given	Dose Given	Staff Member to Sign	Print staff name

<u>Name</u>
<u>Date</u>
Medical appliance needed and reason
Any adjustment needed
Authorised by:
<u>Date:</u>
Review date:

Lucy Allen

Chris Armagon

Flavia Araujo

Hayley Bennett

Camilla Daniel

Rebecca Dent

Joanne Elsemait

Jade Goodman

Beth Hemsley

Nathan Kelly

Daniel Liu

Lecia Laidlaw

Helen Martin

Zohal Niazmand

Klaudia Niezgoda

Steve Reid

Sarah Shaw

Arthur Simpson

Harrison Slater

Hermione Steele

Jasmina Tahir

Denis Warren

Amy Worthington