

	<b>POLICY TITLE:</b>	<b>Medical Treatment of Students</b>
<b>Kingsmead Academy T/A Kingsmead School</b>		
<b>Committee/Person Responsible for Policy:</b>		Director of Finance & Operations Well-Being & Diversity sub-committee
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## 1. Aims

This policy aims to ensure that:

- › Students, staff and parents understand how Kingsmead School will support students with medical conditions
- › Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities

The governing board will implement this policy by:

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

## 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting students with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

## 3. Roles and responsibilities

### 3.1 The governing board

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

### 3.2 The headteacher

The headteacher will:

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

### **3.3 Staff**

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

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

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

The school's designated Lead First Aider will;

- Administer medicines to students with medical needs in line with a student's EHCP and/or IHP
- Administer medicines to students without an EHCP and/or IHP in line with the school's procedures as outlined
- Keep a record of medicines issued to all students
- Ensure the secure storage of all medicines in First Aid

### **3.4 Parents**

Parents will:

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

### **3.5 Students**

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

### **3.6 Medical staff and other healthcare professionals**

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's medical team and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.

## **4. Equal opportunities**

Kingsmead School is clear 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.

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

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

## **5. Being notified that a child has a medical condition**

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to Kingsmead School.

See Appendix 1.

## 6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for students with medical conditions.

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

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

- What needs to be done
- When
- By whom

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

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

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The school will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student'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 student's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the 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 student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## 7. Managing medicines

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

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

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

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

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

The school will only accept prescribed medicines that are:

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

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

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

### 7.1 Controlled drugs

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

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

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

### 7.2 Students managing their own needs

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

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

### 7.3 Unacceptable practice

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

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment

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- Ignore the views of the student or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students 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 or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine in school toilets

## 8. Emergency procedures

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

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

## 9. Training

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

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

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

Training will:

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

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

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

## 10. When to send a student to receive medical attention

For essential treatment, staff should give permission by the means of a slip, allowing the student to present themselves to Reception. Outside lesson/tutor periods, students will self - refer themselves or be referred by a member of staff. If the Lead First Aider/First Aider is not available, a senior member of staff will determine the best course of action.

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The Lead First Aider/Office Staff (or in their absence, a qualified first aider) will inform parents of any accident or injury sustained by a student on the same day or as soon as reasonably practical.

A qualified first aider will determine whether a student is not well enough to remain in school. If deemed necessary to send a student home, the parents must take responsibility for the student leaving the premises and must be contacted. Students will sign out in the appropriate manner.

If a student needs hospital treatment and no parent is available, they must be accompanied at all times by a member of staff until the parent can attend.

## **11. Contagious Diseases**

Advice should be sought about any contagious diseases and whether a student should be required to attend school. Specific care should take place when dealing with cuts – latex gloves should be worn at all times and the FAW should be called immediately. Site staff (caretakers) have been given specific advice concerning clearing up spillages of body fluids.

## **12. First Aid Kits**

The Lead First Aider will ensure that First Aid Kits are checked and maintained regularly.

The HSE recommends that where there is no special risk identified, a minimum provision of first aid items could be:

- a leaflet giving general advice on first aid – HSE information is available
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves.

A travelling first aid kit should contain (as minimum):

- a leaflet giving general advice on first aid
- six individually wrapped sterile adhesive dressings
- one large sterile un-medicated wound dressing - approximately 18cm x 18cm
- two triangular bandages
- two safety pins
- individually wrapped moist cleansing wipes
- one pair of disposable gloves
- Equivalent or additional items are acceptable.

The Road Vehicles (Construction and Use) Regulations 1986 (for minibuses) and/or the Public Service Vehicles (Conditions of Fitness, Equipment, Use and Certification) Regulations 1981 (for larger vehicles) advise that a suitable, clearly marked first aid box should be readily available and in good condition.

The following items must be kept in the first aid box:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5 cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15.0 cm x 20.0 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustless blunt-ended scissors

### **13. Record keeping**

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

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

First aid kits, information about the specific needs of students, students' emergency contact details and a school mobile phone should be taken out whenever a party leaves school, sporting events, field trips and any camps and journeys. Risk assessments will be completed by the Trip Leader prior to any off site educational trip.

Any incidents must be reported once back at school.

### **14. Reporting**

Staff should report details about accidents to the appropriate persons in order that an accident can be registered at the earliest opportunity and certainly on the same day of the accident.

Accidents which result in a reportable injury (as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) regulations 4, 5, 6 and 7) will be reported to the Health and Safety Executive as soon as reasonably practicable and, in any event, within 10 days of the incident..

### **15. Liability and indemnity**

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

The school is insured through the Department for Education's Risk Protection Arrangement (Membership Number 136639).

### **16. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the Head of Year or Assistant Head of Upper/Lower school in the first instance. If they are not able to resolve the issue this should be escalated to the Head Teacher. In the unlikely event that the matter is still not resolved, parents will be directed to the school's complaints procedure.

### **17. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality

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- First aid
- Health and safety
- Child Protection and Safeguarding
- SEND

**Appendix 1: Being notified a child has a medical condition**

