



St Joseph's Roman
Catholic High School

Medical Needs Policy

Jesus Christ is our family role model
Opening our hearts and minds to dream the impossible
and achieve beyond our wildest imagination
Everybody is valued and respected
Young and old will journey together to build God's
Kingdom.
Striving for academic excellence and celebrating success
in all we do

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Statement of Intent

St Joseph's RC high School would like to ensure that all students with medical conditions receive appropriate care and support whilst at school which allows them to learn and make progress recognising the unique nature of each individual.

OFSTED also place clear emphasis on ensuring the needs of each individual are met which includes the needs of students with SEND under the category of medical need.

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 pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

Key roles and Responsibilities.

Governing Body is responsible for:

- The overall implementation of the "Supporting students with medical conditions" policy and procedures of St Joseph's RC High School.
- Ensuring that the "Supporting students with medical conditions" policy, as written does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all students with medical conditions are able to participate fully in all aspects of school life where possible.
- Ensuring that the relevant training by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual students and across the school population.
- Ensuring the level of insurance reflects the level of risk.

Headteacher is responsible for:

- Ensuring that school's policy is developed and implemented effectively with partner agencies.
- Ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensuring that all staff who need to know, are aware of a student's condition.
- Ensuring that appropriate staff are trained to implement the policy and deliver against Individual Healthcare Plans in normal contingency and in emergency situations.
- Ensuring that the correct level of insurance is in place for teachers who support students in line with this policy.
- Ensuring that all educational visits are appropriately risk assessed and that the medical needs of students participating have been identified and provision is in place.
- Devolving responsibility for implementation of the policy to the member of staff in charge of the policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

SENDSCO and/or Heads of Year are responsible for:

- Taking responsibility for ensuring individual healthcare plans are devised in partnership with the school nurse, appropriate medical professionals, parents and, where appropriate, students.
- Consulting the student, parents and the student's healthcare professional to ensure the effect of the student's medical condition on their schoolwork is properly considered.
- The SENDSCO will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

Staff members are responsible for:

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person therefore all staff are responsible for making appropriate steps to support children with medical conditions.
- Where necessary, taking reasonable adjustments to include students with medical conditions into lessons.
- When taking responsibility engage with training to achieve the necessary level of competency to support students with medical conditions.

- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a student with medical conditions needs help.
- Being aware of the potential of students with medical conditions who have special educational needs (SEND).

School cover is responsible for:

- Briefing supply teachers on a student's medical needs.

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Providing the medication their child requires and keeping it up to date.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the relevant staff members and healthcare professionals.

Students are responsible for:

- Being fully involved in discussions about their medical support needs and contributing as much as possible to the development of, and complying with, their Individual Healthcare Plan.
- Endeavouring to develop independence in managing their own medical needs and procedures where appropriate.
- Carrying their own medicines and devices where appropriate.

School nurses and other healthcare professionals

- School nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any students identified as having a medical condition.

Training of staff

- Teachers and support staff will receive training on the "Supporting pupils with medical conditions" policy as part of their new starter induction.
- Teachers and support staff will receive regular and ongoing training as part of their development.
- Only staff members that have received training specific to the responsibility will administer prescription medicine.
- Only staff members that have received training specific to the responsibility will administer the Epi pen injection. School will only administer an emergency epipen to a student who has been prescribed one and only if there is an agreement in writing that parents agree to the emergency epipen being used.
- Admin staff will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

Individual Healthcare Plans (IHCPs)

- The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCO and/or Head of Year. (see Appendix 1 for example process)
- Not all pupils 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 not a consensus, the headteacher will make the final decision.
- Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents/carers, Head of Year, school nurse, special educational needs coordinator (SENDCO) and medical professionals.
- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a student's medical circumstances change, whichever is sooner.
- Where a student has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed (see Appendix 1) When devising the IHP the following may be considered:
- 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

Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a student is prescribed medication without their parents'/carer's knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions.
- Written records will be kept of any medication administered to students.
- St Joseph's RC High School cannot be held responsible for side effects that occur when medication is taken correctly

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.

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 student 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
- 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 pupils 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

Safe Disposal

- Sharps boxes must be used for the disposal of needles.
- School will neither store nor dispose of these. This is the sole responsibility of the student.

Educational Visits / Education Off-Site

St Joseph's RC High School is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. We will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

- Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors considered include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. The trip organiser will be responsible for ensuring the relevant documentation is completed and that all medication is available before a student is taken on any trip.
- Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight stay. This requests up-to date information about the student's current medical condition and how it is to be managed whilst away.
- Staff accompanying educational visits and out-of-school hour's activities, are fully briefed on students' individual medical needs. They will have access to the Individual Healthcare Plan and any necessary medication / medical equipment for the duration of the visit.
- Risk assessments are carried out before students undertake a work experience or off-site educational placement. It is the school's responsibility to ensure that the placement is suitable and accessible for a student with medical needs. Permission will be sought from the student and their parents before any medical information is shared with an employer or other education provider.

Emergencies

Medical emergencies will be dealt with under the school's emergency procedures.

- Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
 What constitutes an emergency.
 What to do in an emergency.
- Students will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Complaints

At St Joseph's we endeavour to work with all parties in the best interest of each student. However, should parents / students /stakeholders be dissatisfied with the support provided, we would encourage them to contact school in the first instance to discuss concerns. If this is not resolved in a satisfactory manner then we ask that complaints are referred following our Complaints Policy.

Glossary of Terms

Controlled Drugs

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs; for example, morphine. Stricter legal controls apply to controlled drugs to prevent them being misused, obtained illegally or causing harm.

Medication

"Medication" is defined as any prescribed or over the counter medicine. Prescription medication" is defined as any drug or device prescribed by a doctor.

Staff member

A "staff member" is defined as any member of staff employed at St Joseph's RC High School, including teachers.

Legislation

This policy is written in line with the following legislation:

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area. Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. Section 3A provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. Section 2A provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the Equality Act 2010 and the key elements are as follows: They must not discriminate against, harass or victimise disabled children and young people. They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.

Section 2 of the Health and Safety at Work Act 1974, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to Ensuring that staff and pupils are not exposed to risks to their health and safety.

Under the Misuse of Drugs Act 1971 and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Appendix 1



