



Medical Needs Policy

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CONTENTS

- 1. Definition of medical need**
- 2. Statement of intent**
- 3. Training of staff**
- 4. The role of the student**
- 5. Individual Healthcare Plans (IHCPs)**
- 6. Support Students with additional medical needs**
- 7. Medicines**
- 8. Emergencies**
- 9. COVID-19**
- 10. Avoiding unacceptable practice**
- 11. Insurance/Risk Protection Arrangement**
- 12. Educational Visits**
- 13. Sharing Information**
- 14. Epi-pens**
- 15. Complaints**
- 16. Qualified First Aiders**

1. Definition of medical need

Students' medical needs may be broadly summarised as being of two types:

1.1. Short-term, affecting their participation in school activities for which they are on a course of medication.

1.2. Long-term, potentially limiting their access to education and requiring extra care and support.

1.3. "Medication" is defined as any prescribed or over the counter medicine.

1.4. "Prescription medication" is defined as any drug or device prescribed by a doctor.

1.5. A "staff member" is defined as any member of staff employed at Tytherington School.

2. Statement of Intent

Tytherington School wishes to ensure that students with medical conditions receive appropriate care and support at school. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This policy has been developed in line with the Department for Education's guidance updated in Aug 2017 – "Supporting pupils with medical conditions at school". Ofsted places clear emphasis on meeting the needs of students with SEND and that includes children with medical conditions.

3. Training of staff

3.1. Teachers and support staff will receive training on students with specific medical conditions and annual refresher training is provided on various illnesses such as asthma and diabetes. Annual refresher training on how to use a defibrillator and how to administer an Epi-Pen is also provided.

3.2. Teachers and support staff who undertake responsibilities under this policy will receive the necessary training externally from the NHS Trust Nurse Team.

3.3. The clinical lead for this training is the SENDCo.

3.4. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.

3.5. No staff member may administer drugs by injection unless they have received training in this responsibility.

3.6. A record of training undertaken by staff and a list of staff members qualified to undertake responsibilities under this policy, is maintained by Tytherington School.

4. The role of the student

4.1. Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

4.2. Where possible, students will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.

4.3. If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

4.4. Where appropriate, students will be encouraged to take their own medication under the supervision of a member of staff.

5. Individual Healthcare Plans (IHCPs)

5.1. Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents/carers, Headteacher, Special Educational Needs Coordinator (SENDCo) and medical professionals.

5.2. IHCPs will be easily accessible whilst preserving confidentiality.

5.3. IHCPs will be reviewed at least annually or when a student's medical circumstances change, whichever is sooner.

5.4. Where a student has an Education, Health and Care plan, the IHCP will be linked to it or become part of it.

5.5. Where a student 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 student needs to reintegrate.

6. Support Students with Additional Medical Needs

Tytherington School works in partnership with students, parents/carers, medical services, other professionals and education providers to enable children and young people with medical needs who are unable to attend school to receive education in a hospital setting or at home.

Our school will be proactive in promoting the education entitlement of students on roll and in securing effective provision. This applies to students unable to attend school for reasons of sickness, injury or mental health needs where a medical practitioner considers that a child should or could not attend school. This policy is based upon the statutory guidance for Local Authorities 'Ensuring a good education for children who cannot attend school because of health needs', January 2013.

This comes under the category of 'education otherwise' when the child remains on the school roll and is educated temporarily in a hospital setting or through home tuition.

6.1 Tytherington recognises that children absent for medical reasons are entitled to continuity of education as far as their condition permits and acknowledges that it has a central role to play in securing and ensuring the continuity of education.

6.2 The education provided shall be of high quality and as broad and balanced as possible such that reintegration is achievable as smoothly as possible.

6.3 Where a child is absent from school for medical reasons, the School will provide education tasks and resources for use at home when the child is well enough to engage in education.

6.4 When an absence is known to be more than 15 days or exceeds 15 days, then medical needs tuition should be offered to the child.

6.5 This may be provided through the school's resources or via the Medical Needs Team as part of Cheshire East. Referral for medical needs tuition can be made by telephone or electronically. Medical evidence will be required and should be attached, if possible, at this stage.

6.6 Where a child is admitted to hospital, the School will liaise with the teaching service to inform them of the curriculum areas the student should be covering during their absence. Where possible, school will plan the educational programme of the student with the service provider, taking account (as appropriate) of the medical condition, treatment, effects of medication, therapeutic programmes provided and the duration of absence from school. Tytherington will aim to ensure maximum continuity of education for the student by providing:

- Medium term planning
- Programmes of study/schemes of work
- Appropriate resources
- Information relating to the student's ability, progress to date, assessment data, SATs results and special educational needs.

6.7 Where practical, the School will host review meetings as the student remains on the school roll and is therefore the School's responsibility.

6.8 Where students have recurrent admissions or have a planned admission to hospital, the School will aim to provide a pack of work for the student to take into hospital with them.

6.9 The School will work with providers of education, doctors, educational psychologists, Personal Advisers, indeed all relevant professionals, the parents/carers and the student themselves to plan a gradual and sensitively orchestrated reintegration into school. The School will ensure that the students and staff in the School who have maintained contact with the student who has been absent will play a significant role helping the student to settle back into school.

6.10 The School will accept part-time attendance where students are medically unable to cope with a full day, until the student is able to attend for full school days. The School will make arrangements for students with mobility problems to return to school, taking account of health and safety issues, organising risk assessment and seeking advice on lifting and handling procedures where necessary. The impact on staff will

be taken into account and additional support may be required from the SEND devolved budget or via review and referral to the SEND panel.

6.11 Throughout the absence, the School will maintain contact with both parents/carers and the student. This will include invitations to events and productions at the School as well as regular communication via letters, newsletters or e-mail. Both the school and the education providers will support and advise students and their parents/carers, as appropriate, during the absence.

6.12 The School should expect to receive regular reports and assessment of student progress from the service provider during the student's absence and a folder of work on return to school.

6.13 The Headteacher or delegate, usually through the liaison member of staff, will ensure that all relevant staff are aware of a student's absence and of their responsibility towards maintaining continuity of education for the child.

7. Medicines

7.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.

7.2. If this is not possible, prior to staff members administering any medication, the parents/carers of the student must complete and sign a 'parental agreement for a school to administer medicine' form.

7.3. No student will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

7.4. Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.

7.5. No student under 16 years of age will be given medication containing aspirin without a doctor's prescription.

7.6. 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. Medicines which do not meet these criteria will not be administered.

7.7. A maximum of four weeks supply of the medication may be provided to the school at one time.

7.8. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.

7.9. Medications will be stored in the Pastoral Office.

7.10. Any medications left over at the end of the course will be returned to the student's parents.

7.11. Written records will be kept of any medication administered to students.

7.12. Students will never be prevented from accessing their medication.

7.13. Tytherington School cannot be held responsible for side effects that occur when medication is taken correctly.

8. Emergencies

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

8.2. Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

8.3. Students will be informed in general terms of what to do in an emergency such as telling a member of staff.

8.4. If a student needs to be taken to hospital, a member of staff will remain with the student until their parents arrive.

9. COVID-19

9.1. Please use the link below to access the latest Government advice on COVID in Schools:

<https://educationhub.blog.gov.uk/2023/10/11/what-are-the-latest-rules-around-covid-19-in-schools-colleges-nurseries-and-other-education-settings/>

The following extract provides additional information:

What happens if a staff member or my child tests positive for COVID-19?

[UKHSA guidance](#) says that it is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional.

For children and young people aged 18 and under who are recommended to take a COVID-19 test by a health professional and test positive, the advice is to try to stay at home and avoid contact with other people for three days. This is because children and young people tend to be infectious to other people for less time than adults.

Adults with a positive COVID-19 test result are advised to try to stay at home and avoid contact with other people for five days, which is when they are most infectious.

The UKHSA has also published public health guidance on [living safely with respiratory infections, including COVID-19](#).

10. Avoiding unacceptable practice

10.1. Tytherington School understands that the following behaviour is unacceptable:

10.1 Assuming that students with the same condition require the same treatment.

10.2 Ignoring the views of the student and/or their parents.

10.3 Ignoring medical evidence or opinion.

10.4 Sending students home frequently or preventing them from taking part in activities at school.

10.5 Sending the student to the pastoral office alone if they become ill.

10.6 Penalising students with medical conditions for their attendance record where the absences relate to their condition.

10.7 Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.

10.8 Creating barriers to students participating in school life, including school trips.

10.9 Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

11. Insurance/Risk Protection Arrangement

11.1. Members of staff who undertake responsibilities within this policy are covered by the school's insurance/Risk Protection Arrangement.

11.2. Full written insurance policy/Risk Protection Arrangement documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the Business Manager.

12. Educational Visits

12.1 Essential medicines will be administered on Educational Visits, subject to the conditions above.

12.2 A risk assessment may be needed before the visit takes place.

12.3 Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

12.4 Paracetamol can be administered on educational visits with parental/carer consent. Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given.

12.5 Any child refusing to take medicine in school will not be made to do so, and parents/carers will be informed about the dose being missed. All doses administered should be recorded.

12.6 All medicines will be stored safely. Medicines needing refrigeration will be stored in the Student Services designated medical fridge. All medicines must be clearly labelled.

12.7 Staff will record any doses of medicines given. Students self-administering asthma inhalers do not need to be recorded.

12.8 Inhalers are kept in the child's bag and it is the student's responsibility to have the inhaler with them at all times. All students with an inhaler must take them on educational visits, however short in duration.

13. Sharing Information

13.1 Students with serious medical conditions will have their photo and brief description of condition, along with any other necessary information shared on their Health Profiles and also on the Additional Needs Register.

13.2 Students with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan in student services and all adults dealing with the child will have their attention drawn to this information.

13.3 In an emergency /or in a medical emergency, Staff First Aiders have been appropriately trained to administer emergency first aid if necessary.

13.4 If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred.
- Give details regarding the child's date of birth, address, parents'/carers' names and any known medical conditions.
- Students will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose.
- Parents/carers must always be called in a medical emergency and would be expected to accompany their child to hospital should the need arise. However, the school staff can take students to hospital without a parent/carer present if required.

14. Epi-pen

14.1 Any member of staff can administer an epi-pen in an emergency. However, only first aid trained staff who have attended the annual epi-pen training are covered under the school's insurance.

The procedure should be:-

- The pen (cap off) should be pushed against the child's thigh, through clothing if necessary.
- The pen should be held for a count of 10 seconds before being withdrawn. An ambulance must be called for a child who may require an epi-pen.
- Cetrizine may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. This is a liquid medicine stored with the epi-pen. If symptoms are more severe, the epi-pen should be given immediately.
- An ambulance must be called immediately.
- Parents/carers should be contacted after this call has been made.

15. Complaints

15.1 Should parents/carers be unhappy with any aspect of their child's care at Tytherington School, they must discuss their concerns with the school. This will be with the SENDCo in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents/carers must make a formal complaint using the Tytherington School Complaints Procedure.

16. Qualified First Aiders

16.1 A list of first aid trained staff is available from HR and is also available on the staff shared area for all to access.