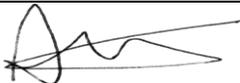


VOYAGE LEARNING CAMPUS



SUPPORTING PUPILS WITH MEDICAL CONDITIONS

This policy has been adopted by the Management Committee on:	
Date adopted:	26 th September 2019
Signed:	
Next review due:	26 th September 2021

Voyage Learning Campus (VLC) SUPPORTING PUPILS WITH MEDICAL CONDITIONS

To be read in conjunction with the following documents:

- **VLC Health and Safety Policy**
- **VLC Inclusion Policy**
- **VLC Safeguarding Policy**
- **VLC Accessibility plan**
- **North Somerset Guidance on Infection Prevention and Control in Schools**

1. Context

1.1 This policy aims to provide clear guidance and procedures to staff, parents and pupils. It forms the basis of a supportive environment in which pupils with medical needs may receive suitable medical care enabling their continuing participation in education. The 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](#).

1.2 The Key aims of the policy are to ensure that:

- Pupils at Voyage Learning Campus ("VLC") with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- Consultation with appropriate persons is undertaken, such as health and social care professionals, parents and pupils to ensure the needs of children with medical conditions is fully considered.
- Pupils are kept safe from harm and abuse.
- Safe practices and procedures in place to ensure that the VLC meets its statutory responsibilities for health and safety.

2. Responsibilities

2.1 The Senior Leadership Team and the management committee are responsible for ensuring that there are sufficient arrangements to support pupils with medical conditions in school and for ensuring processes are in place to enable the policy to be developed and implemented.

2.2 The Principal is responsible for overseeing all of the arrangements in place and ensuring that the policy is implemented effectively. The Principal will designate relevant staff to carry out the specific roles within the policy and ensure that there are sufficient deputies to allow for staff absence.

3. Safeguarding

The VLC is committed to the welfare and safeguarding of all pupils. This policy should be read in conjunction with our Safeguarding Policy.

4. Individual Healthcare Plans

- 4.1 Individual Healthcare Plans (IHPs) will be drawn up where needs are complex or where it is necessary to clarify what support children require or where there is a high risk where emergency intervention may be needed. The plan will be developed with the pupils' best interests in mind to ensure that the risks to the child's wellbeing, health and education are managed. Plans will be drawn up by the Campus in consultation with parents and medical professionals for pupils taught in centres.
- 4.2 The Principal and the Strategic Leadership Team (SLT) are responsible for deciding, in consultation with staff, parents, health professionals and the Local Authority how the school can support a pupil with medical needs.
- 4.3 SLT will be responsible for writing Individual Healthcare Plans in consultation with all relevant parties and ensure that information is disseminated to relevant staff on individual pupil needs as required, including any emergency procedures. IHPs will be reviewed at least annually or when the child's medical / health needs have changed. Interim changes will be highlighted until the IHP has been authorised.
- 4.4 Medical information will be sought from the relevant medical professionals in order to inform the nature and content of the IHP
- 4.5 Where a child has a special educational need identified in an Education Health Care (EHC) plan, the IHP should be linked to or become part of that EHC plan.
- 4.6 Where a child has special educational needs, but no Statement or EHC plan, their special educational needs should be mentioned in their IHP.
- 4.7 The content of the Health Care Plan will follow the format as required in Med Form 1, in order to ensure the required level of support is provided to adequately reflect the child's medical needs.
- 4.8 During visits off-site visits or extra-curricular activities the medical needs of pupils will be considered as part of the planning process and first aid requirements for the activity will take into account any medical or health care needs of the pupils taking part. Sufficient essential medicines and health care plans will be taken as part of the activity and controlled by a suitable designated member of school staff. Individual pupil risk assessments will be undertaken where additional controls are required to reduce risk of accident or ill health during the visit/activity to an acceptable level. An EVC will check that this is complete.

5. Training

- 5.1 The Senior Leadership Team will ensure that staff are appropriately trained, including any whole school awareness training, and that individual staff are equipped to administer medical treatment to pupils with medical needs as required.

- 5.2 The strategic identification and co-ordination of training will be the responsibility of the Principal and reviewed at least annually.
- 5.3 Staff involved in supporting pupils with medical conditions will be provided with training support by the SLT covering the school policy requirements and relevant school procedures. Staff must not give prescription medication or undertake health care procedures without this training.
- 5.4 Where staff require, additional training in order to deal with a specific medical condition, this will be undertaken by a school nurse or relevant health care professional as deemed necessary.
- 5.5 All training will be recorded. Staff training records will be managed by the Finance & HR Officer and will be recorded in SIMS.

6. Coordination of Information

- 6.1 The SLT will ensure that all relevant staff are aware of individual pupils' medical needs, any emergency arrangements and are responsible for coordinating and disseminating information as required.

7. Long Term Medical Absence

- 7.1 Where pupils are absent for 15 days or more (either consecutively or cumulatively) they will be considered to have long term medical absence.
- 7.2 All cases of long term medical absence will be supported by a multi-agency approach. This multi-agency response and planning will, as a minimum, involve school staff, a representative from the local authority, a healthcare professional as well as parents/carers. The Principal will be responsible for co-ordinating multi-agency response to a long term medical absence, including completing a referral to Tuition when a child is too ill to attend school.

8. Managing Medications

- 8.1 Medicines will only be administered at school when it would be detrimental to a child's health or their attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- 8.2 Each request for administration of medication to a pupil in school will be considered individually by the appropriate member of SLT (Med Form 2). No medication will be administered without prior consultation with, and written permission from the parent or guardian and approval by the appropriate member of SLT.
- 8.3 A minimum amount of medication, required by the pupil, will be held in school to accommodate the needs of that pupil. Any surplus medication will be returned to the parents to arrange for safe disposal.

- 8.4 Medicines received will be recorded, and held securely within the school. All essential staff will be able to access medicines in case of emergency. Pupils will be informed of who to go to in order to access their medication and where it is stored. Where pupils have asthma, a spare inhaler must be provided to the school in addition to the inhaler carried by the pupil (depending on their age).

Where medication may be required in an emergency, e.g. asthma inhalers, these must be readily available to pupils and must not be locked away.

- 8.5 Medication must be delivered to school in agreement with SLT and will be considered on a case by case basis. Should pupils carry their own medication a signed agreement for the pupil to carry their own medication (see Med Form 4).

- 8.6 Medicines brought into school should be in **original packaging** and clearly marked on a label **by the dispenser** with:-

- the name of the medicine
- the pupil's name
- dosage (including method of administration and times)
- any special storage requirements
- date
- expiry date

- 8.7 The school will establish a medication chart, used in conjunction with the pupil's Individual Health Care Plan. Persons administering medication will check medication is correct then log the time and date, and initial the chart upon administering medication (See Med Form 3)

- 8.8 Some pupils may be competent to manage their own medication e.g. inhalers. This will be discussed with parents where it is felt that this is appropriate. Permission must be obtained from parents by completing the form 'Request for a pupil to carry his/her own medication' (see Med Form 4). Where a pupil has an Individual Health Care Plan the method of administration will be detailed within this document.

- 8.9 A Child under 16 should never be given aspirin unless prescribed by a doctor.

If a student suffers regularly from acute pain, such as migraines, the parents should authorise and supply an appropriate pain killer for their child's use and this will be dealt with in the same way as prescription medication and in accordance with policy.

Prior to administering this, the student/parent (depending on age) will be asked when the first dosage of the day was administered and advised appropriately.

Member of staff should supervise student taking medication and notify the parents in writing (e.g. by text) on the day the painkillers are given.

9. Complaints

9.1 Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Principal. If for whatever reason this does not resolve the issue the school's complaints procedure should be followed.

10. Unacceptable practice

10.1 The Senior Leadership Team is responsible for ensuring that there are sufficient arrangements to support pupils with medical conditions in school and for ensuring processes are in place to enable the policy to be developed and implemented. Staff recognise their duty under the DfE statutory guidance Supporting Pupils at School with Medical Conditions and are committed to upholding best practice.

10.2 Liability and indemnity

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

See Accessibility plan for Insurance details.

10.3 The following examples would be considered unacceptable practice:

- Pupils being prevented from easily accessing their inhalers and required medication
- Assuming every child with the same condition requires the same treatment
- Ignoring views of parents or pupils
- Sending pupils home frequently or preventing them from staying for normal school activities (unless specified in their IHP)
- Sending unwell pupils to the school office unaccompanied
- Penalising children for their attendance if justifiably related to their medical condition, e.g. hospital appointments
- Preventing pupils from drinking, eating or taking breaks in order to manage their medication
- Requiring parents to attend school to provide medical support
- Preventing children from participating, or creating unnecessary barriers, in any aspect of school life, including school trips.

Healthcare Plan for a Student with Medical Needs**Med Form 1**

Name:

Address:

Date of Birth: / /

.....

Medical diagnosis / condition

.....

.....

Date: / /

Name of Centre:

Review Date: / /

CONTACT INFORMATION**Family contact 1****Family contact 2**

Name _____

Name _____

Phone No. (work) _____

Phone No. (work) _____

(home) _____

(home) _____

(mobile) _____

(mobile) _____

Relationship _____

Relationship _____

Clinic/Hospital contact**G.P.**

Name _____

Name _____

Phone No. _____

Phone No. _____

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by / self-administered with / without supervision.

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for school visits / trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed / undertaken – who, what, when

Form copied to

Signed by

VLC representative

Name:

Position:

Signature:

Date:

Parent / Carer

Name:

Signature:

Date:

Health Care Professional

Name:

Position:

Date:

VOYAGE LEARNING CAMPUS**Med Form 2****Request for staff to administer medication**

The Centre staff will not give your child medicine unless you complete and sign this form and the Head of Centre has agreed that staff can administer the medication.

Details of student

Surname _____

Forename/s _____

Address _____ M/F _____

_____ Date of Birth _____

_____ Keyworker _____

Medical condition or illness _____

Medication (*Medicines must be in the original container as dispensed by the pharmacy*)

Name/Type of Medication (as described on the container) _____

Expiry date _____

For how long will your child take this medication _____

Full directions for use

Dosage and method _____

Timing _____

Special precautions / other instructions _____

Are there any side effects that the school needs to know about _____

Self Administration Yes / No (please circle)

Procedures to take in an emergency _____

Contact details

Name _____ Phone (work) _____

Relationship to student _____ (home) _____

Address _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to VLC staff administering medicine in accordance with the VLC policy. I will inform the VLC immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that it is my responsibility to ensure that medication is in date.

Please detail any medication delivery conditions, which should be discussed with the school:

Date _____ Signature/s _____

Head of Centre's agreement to administer medication

I agree that _____ (child's name) will receive _____

_____ (quantity and name of medicine) every day at _____

(time medicine to be administered e.g. lunchtime or afternoon break).

_____ (child's name) will be given/supervised whilst he/she takes their

medication by an appropriate member of staff. This arrangement

will continue until _____ (either end date of course of medicine or until instructed by parent/carer)

Conditions for the delivery of Medication

Date _____

Signed _____ (Head of Centre)

_____ (named member of staff)

Voyage Learning Campus
Med Form 3
Record of medicine administered to an individual student

Name of Centre:

Name :

Date medicine provided by parent: / /

Quantity received:

Name and strength of medicine:

Expiry date:

Quantity returned:

Dose and frequency of medicine:

Staff signature:Signature of parent:

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials			

Date:			
Time given:			
Dose given:			
Name of member of staff:			

Staff initials			
-----------------------	--	--	--

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials			

Voyage Learning Campus

Request for student to carry and administer his/her medication. This does not include controlled medication.

This form must be completed by parents/carers

Student's Name _____ Key Teacher/Tutor _____

Address

Condition or illness

Name of medicine

Procedures to be taken in an Emergency

.....

CONTACT INFORMATION

Name _____

Daytime Telephone No _____

Relationship to Child _____

I would like my son/daughter to keep his/her medication on him/her for use as necessary.

Signed _____ Date _____

Relationship to Child _____