



Chesterton Community College

Medical Needs Policy

MAY 2016

Supporting Students with Medical Needs Policy

A. Rationale

The Children and Families Act 2014 places a duty on governing bodies to make arrangements to support young people with medical conditions, both physical and mental. This is so they can ensure that “such children can access and enjoy the same opportunities at school as any other child”.

B. Aims:

The school will:

- Identify and provide for students who have medical conditions and needs;
- Provide support and advice for all staff working with students with medical conditions and needs that may require special access, accessibility or differentiation;
- Work within the guidance of the SEND Code of Practice 2014;
- Provide a broad and balanced curriculum, and wider extra- curricular programme for all students supporting those with special educational needs or disabilities;
- Work to remove barriers for learning and participation;
- Provide a secure environment in which all our students can flourish and achieve;
- Work in partnership with parents/carers and students, taking account of their views;
- Actively challenge discrimination and disadvantage.

Section 1: Roles and Responsibilities:

Governors:

- Governors will ensure that arrangements are in place to support students with medical conditions so that they can enjoy the same opportunities at school as any other student.
- Governors will ensure that policies, plans, procedures and systems are properly and effectively implemented.

Senior Leadership Team and SENCO

The Senior Leadership Team and SENCO will:

- Ensure that CRS is used so that all relevant staff will be made aware of a student’s condition.
- Liaise with Head of House / Head of Year7 to ensure that Individual Healthcare Plans are set-up with parents and reviewed regularly, where deemed necessary.

Heads of House / Head of Year 7:

- When informed of a medical condition or need, a HOH or Head of Year 7 should liaise with students, parents/carers and medical professionals to set-up or review an existing Individual Health Plan. This should be within two weeks of entry to school.
- Inform the Data Team for CRS, the Reception staff/First Aid team and all of the student’s teachers.
- Ask the Data Team to upload the plan on to CRS.

Reception/First Aid Staff:

- Check regularly that parental signatures are in place and that medicines are in date and sufficiently stocked.
- Ensure that medication is kept locked away and named clearly for individual student's use.
- Understand the process and procedures to undertake in an emergency.

All Staff:

Staff will

- Take proper note of the needs of the students within classes.
- Respond to the needs of all students within school with medical needs and understand the process to go through if students require help around the school.

Parents and Carers:

Parents and Carers will be requested to:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Engage with the school in the development and review of their child's Individual Healthcare Plan, carrying out any action they have agreed to as part of its implementation, e.g. providing medicines and equipment and ensuring they or another nominated adult are contactable at all times.

Section 2: Managing Medication on School Premises:

- Wherever possible, students will carry their own medicines and relevant devices so that they will be able to access their medicines for self-medication quickly and easily. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
- Medicines will only be administered at school when it would be detrimental to a student's health or school attendance not to do so.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but may be supplied inside an insulin pen or a pump, rather than in its original container.
- All medicines held by the school will be stored safely in a locked cupboard within the medical room.
- Controlled drugs that have been prescribed for a student will be securely stored in a non-portable container and only named staff will have access with arrangements for easy accessibility in an emergency.
- When no longer required, medicines must be returned to the parents/carers to arrange for safe disposal.
- Sharps boxes must always be used for the disposal of needles and other sharps.

Section 3: Emergency Procedures:

In an emergency, staff should call 999 immediately, then call parents/carers.

Staff should stay with a student until a parent/carer arrives, this includes accompanying a student to hospital if necessary.

Students in school are regularly briefed about what to do in an emergency through assemblies and tutor time.

Section 4 Day: Trips: Residential Visits and Sporting Activities:

Teachers should be aware of how a child's medical condition will impact on their participation and make any reasonable adjustment possible to enable students with medical needs to take part.

This will require consultation with parents/carers and students and advice from the relevant healthcare professional to ensure that students can participate safely.

Section 5: Complaints:

Parents/carers should refer complaints in the first instance to the Deputy Head, (Pastoral). If they are unhappy with the school's response then the normal complaints procedures apply and information on how to complain is held on the school website.

**Appendix 1:
Individual Medical Healthcare Plan:**

Student Name:	Date:	In attendance:
Tutor Group:	Date of review:	
Medical condition or need		
Student's needs		
Specific support required for educational, or social/emotional needs		
Level of support, including in emergencies		
Who provides support		
Who should know		
Arrangements for medication		
School trips and residential		
Confidentiality issues		
Emergencies		

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