



## Ripon Grammar School

### Medical Policy

#### Introduction

Ripon Grammar School welcomes and supports children and young people (CYP) with medical and health conditions. We aim to include all students with medical conditions in all school activities, including off site visits, differentiated as appropriate. We recognise that some medical conditions may be defined as disabilities and consequently come under the Equalities Act 2010. In addition to this school policy, we also use the more detailed North Yorkshire 'Procedures for Supporting Children and Young people with Medical Conditions' from August 2021.

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 on [Supporting Pupils with Medical Conditions at School](#). It has been written alongside NYC's Policy & Procedures for supporting children at school with medical conditions and children who cannot attend because of health needs.

#### 1. Policy

##### As a school, we ensure that:

- We plan ahead, and have procedures in place to enable us to meet the needs of students when notified of a medical condition. This includes a need to be proactive in seeking information about the medical needs of new starters and ensuring that arrangements are in place within two weeks of the relevant start date, as well as having a plan to develop facilities to meet potential health care needs (in keeping with the Equality Act 2010).
- All relevant staff are made aware of the medical conditions of students via Bromcom and via updates from the Inclusion Manager. Teaching staff are required to familiarise themselves with the medical needs of the students that they teach.
- We deal with emergencies swiftly by ensuring all staff know that they have a duty to act.
- We provide and record the correct level of training for relevant staff to deal with a range of medical conditions.
- Medicines are safely stored in locked medicine cabinets/fridges to ensure they are available for emergency use, or for regular administration in accordance with the prescribed procedures. When medications have expired the School Health Worker (SHW) will return to the parents or pharmacy for safe disposal.
- All record keeping is up to date and accurate. The majority of medical records, including administration of medicines, are kept digitally on Bromcom. The only paper documents stored are paper copies of IHCPs and Asthma cards and Allergy information, for use in an emergency and these are kept in a secure filing cabinet.
- Responsibilities for all medical procedures are clearly understood by relevant staff (including SHW, school first aiders and boarding staff).

#### 2. Procedures for Implementing the Policy

##### 2.1 Planning ahead

- The School Health Worker [SHW] will have the overall day-to-day responsibility for administering medicines and undertaking health care procedures. Other staff may volunteer to do these duties and understand that they also have responsibilities to administer medications in emergency situations.

- In the event of the SHW being absent the Medical Room will be closed. A number of staff (both teaching and non-teaching staff) have training in First Aid and the Administration of Medicines and arrangements will be put in place to ensure staff are available to support students' needs. In addition, staffing levels will ensure that there is adequate coverage to support students with medical needs in the event of staff absence (e.g. ensuring that there are sufficient SEND TAs to support with intimate care).
- Health care procedures will normally be undertaken in the medical room which will also contain safe storage for medicine, and medical records including Individual Health Care Plans (IHCPs).
- Suitable toileting facilities for students will be clean, safe and pleasant to use and available at any time when required.
- When notified that a student has a medical condition the following procedures will take place via the Inclusion Manager or SHW:
  - Seek further information from parents and health professionals.
  - Determine whether an IHCP and/ or a risk assessment is required.
  - Arrange contact to develop the IHCP.
  - Identify any medication / health care procedures needed.
  - Identify any aspects of a student's care they can manage themselves.
  - Identify which staff will be involved in supporting the student.
  - Identify what, if any, training is needed, who will provide this and when.
  - Identify which staff need to know the details of the student's medical condition and inform them as appropriate.
  - Ensure parent/s written permission is received for any administration of medication via school entry forms.

## **2.2 Emergencies**

- We are aware that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- The medical policy is in place for dealing with emergencies and all staff know they have a duty to take swift action.
- The Headteacher/Inclusion Manager ensures that all staff feel confident in knowing what to do in an emergency. Details of how to call an ambulance are kept by the telephone at the medical room, school offices, pastoral offices, and staffrooms.
- If a student needs to be taken to hospital, an ambulance will be called and, if parents are not available, a member of staff will accompany, and school will phone the parent/s to meet the ambulance at A&E. The member of staff will stay with the student until a parent arrives. Health professionals are responsible for any decisions on medical treatment in the absence of a parent. Staff will not take a student to hospital in their own car unless it is an absolute necessity and they will never do this unaccompanied.
- We have trained first aiders who are aware of the most common serious medical conditions at this school, on site always throughout the school day (8:30-15:55). Most PE teachers are first aid trained.
- Where students have an IHCP, this clearly defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. In the event of an ambulance being called for a student with an Individual Healthcare Plan (IHCP), a copy of the IHCP will be handed to the ambulance crew along with any medication held for that student.

## **2.3 Staff training**

- Staff who support students with specific medical conditions must receive additional training from a registered health professional e.g. paediatric diabetes/epilepsy nurse. Training requirements are determined via IHCPs.

- We aim for all staff to receive basic awareness training, delivered by an appropriate health care professional or via recognised online training, in the following more common conditions:
  - asthma
  - diabetes
  - epilepsy
  - allergic reaction
- The Assistant Head Teacher [Teaching and Learning] and Site Manager keep a training record and ensures training is refreshed as appropriate. The Headteacher is involved in determining the competency of a member of staff in undertaking specific procedures.
- The Assistant Head [Teaching and Learning] and the New Staff Induction Mentor undertake arrangements for induction of new staff over a period of weeks.
- The Inclusion Manager and SHW will signpost all staff to the medical information via a link to a Word document listing the medical needs of students and highlighting high risk students along with their photographs.
- The SHW will train staff who are required to complete and manage records.
- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist is sufficient and the SHW will determine this.
- Any member of staff who is trained but feels unable to carry out these duties competently (for example due to having an injury/condition themselves or due to further training being required) must report this as soon as possible to the Headteacher who will make appropriate arrangements.
- Any supply teachers/covering staff will be informed, as appropriate, via a folder given to external supply/cover teachers on arrival which includes information regarding students with medical conditions and first aid trained staff.
- Students with IHCPs have staff (named in their plan) who have been trained to undertake the procedures in the plan. The Headteacher ensures there are enough staff named to cover for absences and to allow for staff turnover.
- Awareness information sheets are available on the secure RGS drive under SEN/Medical for asthma, epilepsy, allergic reaction. SHW has care plans uploaded to Bromcom for all students with medical conditions. In addition, all teaching staff complete 'awareness' training on Asthma, Diabetes and Epilepsy and all FT teaching staff complete online Anaphylaxis training. This training is refreshed every three years. Information about these conditions and those students who suffer from them is displayed in the school staff room.

## **2.4 Administration of medication at school.**

### **2.4.1 General Points**

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so or it is in their job description. Training is provided by an accredited health professional.
- For medication where no specific training is necessary, SHW/SLT/receptionist may administer prescribed and non-prescribed medication to students but only with a parent's written consent (except in exceptional circumstances, see below). Some medicines require staff to receive specific training on how to administer it from a registered health professional.
- Where a medicine has been prescribed without the knowledge of parents, the school will make every effort to encourage the student to involve their parents while respecting their right to confidentiality.
- Wherever possible we allow students to carry their own medicines and relevant devices and where students self-administer we will provide supervision as appropriate once the appropriate documentation has been completed. Students who do not carry their own medication know where it is stored and how to readily access it.

### **Administration of Prescribed Medication at School**

- We will only administer medication at school when it is essential to do so, and where not to do so would be detrimental to a student's health.
- We will only accept medication that has been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are in-date, labelled and 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.
- We will not give Aspirin to any student under 16 unless it is prescribed.
- We will not give Ibuprofen to any student under 16 unless it is prescribed or parents have given written consent.
- We only give medication when we have written parental permission to do so.
- When medicines are administered the Administration of Medication Record will be completed immediately.
- When using sharps, they must be disposed of using the correct type of sharps bin (usually yellow). Any person using sharps as part of their condition must provide their own sharps bin and they are responsible for disposing of it safely.

#### **Administration of Non-Prescribed Medication at School**

- Non-prescribed medication can only be administered where it is absolutely essential to the CYP's health and where it cannot be taken out of the school's hours. In line with NYC guidance, we recognise that it can sometimes be cheaper and more time efficient for GP surgeries to treat illnesses using over the counter medication (such as paracetamol or hayfever medication).
- When non-prescribed medicine is administered at school a written parental consent form must be completed and a record of administration form must be kept. In exceptional circumstances permission to administer paracetamol may be obtained through a telephone call.
- Non-prescribed medication must be treated the same as if it were prescribed i.e. checking the packaging, expiry date, dosage, administration instructions, correct storage etc.
- Non – prescribed medication should be provided by the parents. The school will not routinely hold our own stocks of medication.

#### **2.4.2 Students who can manage their own needs**

- We encourage all students to manage as much of their own needs as is appropriate. The Headteacher will consider requests to self-administer on an individual basis once the appropriate documentation has been completed by parents and following any necessary discussion with parents. Decisions will take into consideration the maturity of the student, the nature of the medication and the implications for the student and others in the school. Relevant external and professional advice will be sought as required. Where a student has been recently diagnosed, or has an additional disability/condition e.g. visual impairment, we support them to gradually take on more of their own care, over time, as appropriate with the aim of them becoming as independent as possible.
- We aim for our students to feel confident in the support they receive from us to help them do this.

#### **2.4.3 Refusal**

- If a student refuses to take their medication school staff will note this on the administration of medication record. Parent/s will be informed as soon as is reasonably possible so that they can make alternative arrangements.

#### **2.4.4 Safe storage**

- The SHW ensures the correct storage of medication at school.
- The SHW ensures the expiry dates for all medication stored at school are checked on a monthly basis and informs parents by email in advance of the medication expiring.
  - Some medications need to be refrigerated. These are stored, clearly labelled, in the fridge located in the medical room.
  - Usually the school will not store more than one week's supply of medication, though exceptions might be made for students with long term health conditions or for boarding students.
  - Medication not carried by a student is stored in the medical room.
  - Students who do not carry and administer their own medication know where it is stored and how to readily access it.
  - Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
  - At the end of each academic year the SHW will contact parents about unused medication stored in school with a view to parents either collecting the medication or the school disposing of it.

#### **2.4.5 Controlled Drugs**

- Controlled drugs are stored in a double-locked cupboard in the medical room, and will not be carried by students.
- Access to controlled drugs must be readily available in an emergency and students must be aware who holds the key. (A list of keyholders is displayed in the Medical Room.)
- Records must show the quantity of the drug brought into school, what has been administered and what remains. The administration of controlled drugs is recorded both electronically and in the Controlled Drugs Log Book.
- It is good practice to ensure that there is a second staff member when administering a controlled drug and wherever possible this should be the case.
- Appropriate arrangements are made for the carrying of controlled drugs during offsite visits, this includes providing a locked box in which controlled drugs can be stored.

#### **2.4.6 Accepting Medicines**

- The SHW along with the parent/s, ensures that all medication brought into school is clearly labelled with the following information:
  - Name of patient
  - Name of medication
  - The dosage
  - Frequency of dosage
  - Strength of medication
  - Date prescribed and expiry date
  - Specific directions for the administration
  - Precautions relating to the medication (e.g. possible side effects, storage instructions)
  - The name of the dispensing pharmacy
- Parents must complete a 'Parental request for medicine to be taken at school' form.
- Medication must be in the original, full packaging containing the accompanying information leaflet. Medication should also show the date on which it was prescribed and the expiry date. The exception to this is asthma inhalers carried personally and insulin which will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Wherever possible medicines should be passed from the parent to SHW/school office (adult to adult and not via the student). Where this is not possible (for example a student who travels by bus), parents must inform the SHW precisely what medication is being brought into school and when.

#### **2.4.7 Safe disposal**

- Parents/students are asked to collect and sign for out of date medication.

- If parents do not collect out of date medication, it is taken to a local pharmacy for safe disposal and a receipt is requested.
- Disposal of medication is recorded on the student's health section of Bromcom.

#### 2.4.7 Defibrillator

- As part of our first aid equipment, we are fortunate to have two defibrillators (AED). One device is kept in the Medical Room, the other is kept securely outside the Sports Hall. Some of our staff are trained in its use. The SHW is responsible for checking the unit is kept in good condition. This is done weekly and recorded. In addition, the Estates Manager is responsible for ensuring that the defibrillator is serviced annually.

#### 2.4.8 Medication for Specific Conditions

##### Asthma

- Staff are aware that, although it is a relatively common condition, asthma can develop into a life-threatening situation.
- We have a generic asthma plan in place in school which details how asthma attacks are managed. This plan is displayed in prominent locations in the school staffroom, school pastoral offices.
- Students who have asthma may not have IHP unless their condition is severe or complicated with further medical conditions. Instead, they will have a school asthma card which details actions, triggers and treatments.
- Emergency salbutamol inhalers and spacers in school are for use by students who have a diagnosis of asthma and whose parents have been notified of the emergency inhaler procedure and have not declined its use. This would be in rare circumstances where an inhaler has become lost or unusable. Parents are informed if their child has used the school's emergency inhaler.
- The SHW is responsible for managing the stock of the emergency school salbutamol inhalers.
- The emergency salbutamol inhalers are kept in the medical room along with a register of students whose parents have opted **out** of their use.
- The SHW is responsible for ensuring the emergency inhalers and spacers are appropriately cleaned.

##### Severe Allergic Reaction

- School staff recognise severe anaphylaxis is an extremely time critical situation. It is potentially life threatening and always requires an immediate emergency response.
- Most of the staff working at RGS have completed an anaphylaxis awareness course covering the identification and treatment of the condition as well as the safe and effective use of an Adrenaline Auto-injector (AAI). This training is renewed every three years.
- \*Emergency AAI devices are stored permanently on the premises, for the use of students known to be at risk of anaphylaxis, whose prescribed AAI device is not available in the event of an emergency, where both medical authorisation and written parental consent has been provided.
- Students who have been identified at risk of anaphylaxis will have an IHCP.
- The emergency AAI kit is kept in the medical room along with a register of all students identified at risk of anaphylaxis, who have an IHCP, and whose parents have consented to the administration of the spare AAI in an emergency situation. In the event of a possible severe allergic reaction in a student who is not on the register of those at risk, emergency services (999) should be contacted and advice sought from them as to whether the use of the spare emergency AAI is appropriate.
- If efforts to summon emergency services are unsuccessful and, in the opinion of a suitably trained person, a student not on the register of those at risk, is suffering from a life-threatening anaphylactic episode, the suitably trained person would not be acting unlawfully if they were to administer adrenaline, using the school's emergency AAI, for the purpose of saving a life.
- Any student who suffers an anaphylactic episode, even if there has been an apparently good recovery following AAI administration will be transported to the nearest hospital by ambulance.
- The SHW is responsible for managing the emergency AAI kit.

\*In 2017, the Human Medicines (Amendment) Regulations 2017 changed the law to permit schools to hold spare Adrenaline Auto-injector (AAI) devices and the Department of Health produced non-statutory guidance to support schools in their management of AAI's. Further clarification was issued by the MHRA in March 2023 about the use of spare AAI's in schools.

##### Diabetes

- Staff are made aware of the medical needs of students with diabetes via their IHP and the information on the Bromcom system.
- SHW receive relevant training which is updated annually (and whenever a diabetic student's treatment changes significantly).
- Students are able to check blood glucose levels in the medical room if using a finger prick, or within a lesson if they have a sensor based monitoring system. Teaching staff are aware of the needs of diabetic students and support them in controlling and treating their condition, including allowing students to access mobile phones etc. to check their glucose levels in class.
- Where students need to attend the medical room they are accompanied by a member of staff or a responsible student.
- The school works with students, their families and health care professionals to help students manage their condition with increasing independence.

## **Epilepsy**

- Staff are made aware of the medical needs of students diagnosed with epilepsy via the student's IHP and the information on the Bromcom system. This information includes potential triggers and how these can be avoided, as well as details about situations where extra vigilance may be required (e.g. swimming).
- Staff can recognise epilepsy and know what to do in an emergency.
- SHW receive relevant training when required to administer medication.
- Generic information about epilepsy is displayed in school, including information about what to do when someone is having a seizure.
- Where necessary a (Personal Emergency Evacuation Plan) PEEP is put in place.
- The Inclusion Manager ensures that teaching staff are aware of the impact of epilepsy on concentration, memory, tiredness, behaviour and learning. Where students are entitled to access arrangements for examinations, these are put in place.

### **2.4.9 School Trips**

The school is clear and unambiguous about the need to actively support students with medical conditions to participate in school trips, visits and sporting activities and not prevent them from doing so.

#### **Staff organising our school trips ensure:**

- Use of Evolve (Trip Management System) to inform planning well in advance. The trip leader should inform the SHW as soon as the register of students attending the trip is uploaded to Evolve.
- They seek information about any medical/health care needs that may require management during a school trip. This is specifically relevant for residential visits when students may require medication or procedures that are not normally required during the daytime. The trip leader (working with the Assistant Head T&L) is responsible for ensuring that staff have sufficient training to support students with medical needs – such as supporting diabetic students during residential trips.
- That any medication, equipment, IHPs are taken with them and kept appropriately accessible during the trip.
- They undertake a risk assessment that includes how medical conditions will be managed in the trip. Staff are aware that some students may require an individual risk assessment due to the nature of their medical condition. Decisions will balance the degree of risk to staff and students against the benefit of the activity to the student. Parents will be involved in the planning process for the visit. A full planning checklist is available from NYC and should be consulted as required (appendix 12 of NYC policy and guidance).

## **2.5 Head injuries and concussion**

- When a student suffers a blow to the head or face it is important that concussion protocols are followed. Students should be given a cold compress and their symptoms should be checked and monitored. This includes looking for visual signs of concussion as well as asking the student questions about possible symptoms (such as dizziness, nausea or balance problems) and to check memory function.
- Parents should be informed when a head bump or blow to the face has been suffered, even if there are no immediate signs of concussion.
- The RGS PE Department has a robust protocol in place and this is displayed in the Medical Room. It is important that PE staff are informed when students have suffered a possible concussion to ensure that the correct protocol and a Graduated Return to Activity and Sport can be followed.

## 2.6 Record keeping and communication with parents

- We ask on our enrolment form if a student has any medical /health conditions. This request is repeated annually by the School Data Manager. Records are kept securely and in accordance with NYCs Records Retention and Disposal Schedule. All electronic records will be password protected.
- We keep a centralised register of students with medical needs. The SHW has responsibility for keeping the register up to date.

Name of record	Location	Completed by:	Who quality assures:
Individual administration of medication record - for CYP who have frequent & regular medication	Electronically on school system (Bromcom)	SHW	Inclusion Manager
Controlled Drugs Log Book	Medical Room	SHW	Inclusion Manager
Staff training log: <ul style="list-style-type: none"> <li>• First aid training</li> <li>• Administration of Medication in Education</li> <li>• Diabetes training</li> <li>• Anaphylaxis training</li> <li>• Asthma, Diabetes, Epilepsy awareness</li> </ul>	Electronic Excel Spreadsheet on RGS Intranet	Assistant Head (T&L) Site Manager	Director Strategic Operations
Weekly checks of medication and equipment: <ul style="list-style-type: none"> <li>• Defibrillator (weekly check, annual service)</li> <li>• Emergency Inhalers and Spacers</li> <li>• Emergency AAI kit</li> </ul> Monthly checks of: <ul style="list-style-type: none"> <li>• First Aid boxes / bags</li> <li>• Medication (expiry dates and paracetamol audit)</li> </ul>	Electronically on school system (Medical Checks Excel Spreadsheet)	SHW	Inclusion Manager (half termly) Site Manager

### 2.5.1 Individual Healthcare Plans (IHCPs)

- For students with more complex medical needs we use IHCPs to record important detail.
- IHCPs are held as a paper copy in the medical room/ electronically on medical room computer/ electronically on Bromcom in accordance with data protection. They are updated when and if there are significant changes and annually reviewed with parents and health care professionals. Where appropriate students are actively involved in this process.
- Some IHCPs are produced on the RGS proforma, but others will be produced by external health professionals and these will usually be adopted by the school.
- IHCPs and risk assessments will be easily accessible to all who need to refer to them, whilst preserving confidentiality.
- IHCPs are also shared, with parent/s permission, with NYCC risk management and insurance. A copy should be sent to: [insuranceandriskmanagement@northyorks.gov.uk](mailto:insuranceandriskmanagement@northyorks.gov.uk).
- The SHW is responsible for ensuring any IHCPs are produced.
- The SHW is responsible for checking IHPs at least annually to ensure they are up to date and being implemented correctly.

### 2.5.2 Working Together

- Several people and services may be involved with a student who has a medical condition e.g. parent/s, student themselves, Specialist Nurse, CAMHS, Early Help and SEN Hubs etc.



- We seek and fully consider advice from those involved and from the Local Authority to assist us in our decisions around a student's medical needs.
- We aim to maintain regular contact with our local medical professionals who may inform us of any student who have health conditions that we are not already aware of e.g. where a student has developed a new condition.
- We work together to identify needs, identify training, draw up IHCPs, identify staff competency in procedures etc. However, the Headteacher and Governing Board take overall responsibility for ensuring a student's needs are met in school.

### **2.5.3 Data Protection**

- We will only share information about a student's medical condition with those staff who have a role to play in supporting that student's needs and informed staff do not divulge information regarding health care needs to anyone who does not have a role in managing those needs. In some cases, e.g. allergic reactions it may be appropriate for the whole school to be aware of the needs. In other cases, e.g. toileting issues, only certain staff involved need to be aware. We will ensure we have written parental permission to share any medical information.
- Staff with access to medical records receive regular training on their duties under Data Protection legislation and the UK GDPR duties regarding special category data.

### **2.5.4 Communicating with parents about visits to the Medical Room**

- When a student visits the Medical Room a decision will be made about what information will be communicated to parents and guardians. Professional judgement will be exercised and visits for minor ailments requiring limited treatment will not routinely be reported to parents.
- Parents will be informed at the earliest opportunity about visits to the Medical Room in the following circumstances:
  - Unplanned or unexpected instances where medication is administered (e.g. administering paracetamol to treat a headache).
  - When students have suffered a bump to the head or blow to the face.
  - When any patterns causing concern arise (for example, a number of visits to the Medical Room in a relatively short period of time).
  - When there is no immediate medical need but when parents might need reassurance and clarification about treatment received in school (for example, to explain a significant cut or bruise sustained in an injury at break time).

## **2.7 Additional Points**

### **2.6.1 School environment**

- We will ensure that we make reasonable adjustments to be favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational.
- We have an accessibility plan, which outlines how we aim to develop our facilities, and staffing to meet potential future health care needs e.g. improved physical access, improved toilet facilities.
- Special dietary needs are displayed on the school tills in the dining hall when a student purchases food from the canteen.

### **2.6.2 Education and learning**

- We ensure that students with medical conditions can participate as fully as possible in all aspects of the curriculum and ensure appropriate adjustments and extra support are provided.
- Teachers and support staff are made aware of students in their care who have been advised to avoid or take special precautions with particular activities. This information will usually be shared by the relevant HOY or by the Inclusion Manager.

- We ensure teachers and PE staff are aware of the potential triggers for students' medical conditions when exercising and how to minimise these triggers via Bromcom.
- Staff are aware of the potential for students with medical conditions to have special educational needs (SEN). The school's SEN coordinator consults the student, parents and student's healthcare professional to ensure the effect of the student's condition on their learning is properly considered.

### **2.6.3 Insurance**

- The Headteacher is responsible for ensuring staff are insured to carry out health care procedures and administer medication. A copy of the insurance policy is on display in the school main entrance.
- Additional insurance may need to be taken out for specific procedures and the Headteacher will ensure relevant staff are able to access a copy of the insurance policy.

### **2.6.4 Complaints**

- For details on how to make a complaint around medical issues in school please follow our school complaints procedure available from the school website.

### **2.6.5 Home to school transport**

- Parents are responsible for informing SEN transport or Integrated Passenger transport if their child has a medical need that they may require assistance with during the journey to and from school.
- The LA is responsible for obtaining transport health care plans, employing passenger assistants and ensuring that appropriate training and procedures are in place. The school will liaise as required with any passenger assistants employed to meet the needs of RGS students.

## **3 Responsibilities**

### **3.1 Headteacher**

- The Headteacher holds overall responsibility for the following but will delegate many of the following responsibilities to either the Assistant Head [Teaching and Learning], Inclusion Manager or SHW. (See below for further clarification of delegation of responsibility.)
- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- Liaise between interested parties including student, school staff, Inclusion Manager, pastoral support, teaching assistants, external medical professionals, parents and governors.
- Ensure the policy is put into action, with good communication of the policy to all.
- Ensure student confidentiality.

#### **3.1.1 – Responsibilities delegated to the Assistant Head [Teaching and Learning]**

- To work with the Inclusion Manager to assess the training and development needs of staff and arrange for them to be met.
- Provide/arrange provision of regular training for school staff in managing the most common medical conditions in school.
- To work with the New Staff Induction Mentor to ensure all supply staff and new teachers/SHW know and implement the medical conditions policy.
- Update the medical policy at least once a year according to review recommendations and recent local and national guidance and legislation.

- To quality assure and check the accuracy of medical records and the weekly reviews and checks of medication and medical equipment on an annual basis.

### **3.1.2 – Responsibilities delegated to the Inclusion Manager**

- Ensure information held by the school is accurate and up to date and that there are good information sharing systems in place using IHPs.
- To work with the Cover Supervisors to ensure that relevant and up-to-date medical information is included in the information folder given to supply staff. Ensuring that this information is updated at the start of each school year and throughout the year as necessary.
- Ensure absences due to medical needs are monitored and alternative arrangements for continuing education are in place, including liaison with the NYCC Medical Education Service.
- Line management of SHW, including ensuring that appropriate cover is arranged in cases of staff absence.
- Ensure IHCPs are completed and reviewed annually. Ensure that copies of new or revised IHCPs are sent to NYCC insurers.
- To quality assure and check the accuracy of medical records and the weekly reviews and checks of medication and medical equipment on a termly basis.
- Attend relevant LA training and updates and disseminate information to relevant staff.
- Work together to quality assure staff competency in specific procedures.
- Regularly remind staff of the school medical policy and procedures.

### **3.1.3 – Responsibilities delegated to the SHW**

- Day-to-day administering of medication in school and completion of relevant records.
- Liaison with teaching staff, HOY and Inclusion Manager about medical needs of students.
- Check medication held in school weekly for expiry dates and dispose of accordingly.
- Visual check of school defibrillator on a weekly basis.
- Check all first aid boxes and bags held in the Medical Room on a weekly basis, and ensure that first aid kits held by the PE department are checked on a termly basis.
- Check all medical equipment (AAI kits, emergency inhalers etc.) on a weekly basis.
- Inform parents when a supply of medicine needs replenishing/ disposing.
- Help update the school's Medical Policy.
- Know which students have a medical condition and which have special educational needs because of their condition.
- Ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in examinations or NEAs.

### **3.1.4 – Responsibilities delegated to the Estates Manager and Director of Strategic Operations**

- Ensure that the school defibrillator is serviced on an annual basis.
- Log and maintain oversight of all accidents requiring first aid treatment on the school site, identifying any Health and Safety matters arising and ensuring that appropriate measures are put in place.

## **3.2 School staff**

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Know which students in their care have a medical condition.
- Allow all students to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.

- Ensure students who carry their medication with them have it when they go on a school trip or out of the classroom e.g. to the field for PE.
- Be aware of students with medical conditions who may be experiencing bullying or need extra support.
- Ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Protect the privacy and dignity of students with medical needs ensuring that information is only shared with those who have a role in meeting these needs.

### **3.3 Teaching staff**

- Ensure students who have been unwell are supported to catch up on missed school work.
- Be aware that medical conditions can affect a student's learning and provide extra help when needed.
- Liaise with parents, healthcare professionals and SENCo if a student is falling behind with their work because of their condition.

### **3.2 First aiders**

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- When necessary ensure that an ambulance or other professional medical help is called.
- Where first aid kits are held in departments, first aiders should check the contents of first aid kits and replenish as necessary.
- Document events accordingly.

### **3.3 Students are expected to:**

- Treat other students with and without a medical condition equally.
- Tell their parents, teacher or nearest staff member when they or another student is feeling unwell.
- Treat all medication with respect.
- Know how to gain access to their medication (includes emergency medication).
- Ensure a member of staff is called in an emergency situation.

### **3.4 Parents are expected to support their child by:**

- Telling school if their child has / develops a medical condition.
- Immediately informing the school office/School Health Worker, in writing if there are any changes to their child's condition or medication.
- Ensuring that they/ their emergency representative is contactable at all times.
- Administering medication out of school hours wherever possible.
- Undertaking health care procedures out of school hours wherever possible.
- Ensuring they supply school with correctly labelled, in date, medication.
- Contributing to the writing of Individual Healthcare Plans / intimate personal care plans as appropriate.
- Completing the necessary paperwork e.g. request for administration of medication.
- Collecting any out of date or unused medicine from school for disposal.
- Keeping their child at home if they are not well enough to attend school / infectious to other people. This includes keeping children at home for at least 48 hours following any illness due to sickness and diarrhoea.
- Ensure that arrangements are in place to collect their child from school if the school requests for them to do so.

- Ensure their child catches up on any school work they have missed.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

## **Appendix 1 Unacceptable Practice**

School staff use their discretion about individual cases and refer to a student's Individual Healthcare Plan, where they have one, however; it is not generally acceptable to:

- Prevent students from accessing their inhalers or other medication.
- Assume every student with the same condition requires the same treatment.
- Ignore the views of the students and their parents.
- Ignore medical evidence or opinion although this may be challenged.
- Send students with medical conditions home or prevent them from staying for normal school activities e.g. lunch unless it is specified in the student's Individual Healthcare Plan.
- Send an ill student to the school office or medical room without a suitable person to accompany them.
- Penalise students for their attendance record if their absences relate to their medical condition e.g. hospital appointments.
- Prevent students from drinking, eating or taking toilet breaks whenever they need in order to manage their medical condition.
- Require parents, or otherwise make them feel obliged to come into school to provide medical support to their child, including toileting issues and manual handling issues – unless in exceptional and unavoidable circumstances.
- Prevent students from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring the parent to accompany the students.

## **Appendix 2 Complaints relating to the implementation of the Medical Policy**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

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