

## **RAINE'S FOUNDATION SCHOOL**

A Voluntary Aided Church of England School

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**“Achieving Excellence by Unlocking Potential”**

### **SUPPORTING PUPILS WITH MEDICAL CONDITIONS (INCL HEALTH & SAFETY POLICY)**

<b>Date</b>	<b>What changed</b>	<b>Date Committee Approved</b>
05.11.2013	Complete revision and renaming of policy	05.11.2013
24.11.16	Complete revision and re-write of policy	
2.7.2018	Asthma & Allergy updates Jan 2018 / DSL Name change	
<b>Derivation</b>		
<b>Revision</b>		
<b>Policy</b>		

## **Raine's Foundation School Supporting students at school with medical conditions policy**

Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions.

Raine's Foundation School recognises that children with a medical condition will require individualised care and support in terms of both physical and mental health and well-being, to ensure that they play full and active role in school life, remain healthy and achieve their academic potential.

This policy outlines the procedures, communication and support available to all students with medical needs, and their families. It also outlines the roles and responsibilities of all those involved in supporting a child with medical needs and the support and training given to staff.

Within this policy the terms children and student apply to the full range of learners at Raine's Foundation School from Year 7 to the post-16 provision in the Sixth Form.

For some students their medical condition may mean that they are considered disabled, or that they have an Education Health and Care Plan, and so this policy should be read in conjunction with the Raine's Foundation School SEND Policy.

A list of other relevant policies is provided at the end of this document.

### **Definition of Medical Needs**

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

- Short-term affecting their participation in school activities because they are on a course of medication, or are suffering a temporary injury requiring temporary additional support in school.
- Long-term potentially limiting their access to education and requiring extra care and support, requiring an individual health care plan

Specific Responsibilities in relation to students with Medical needs:

- |  |                            |
|--|----------------------------|
| • Designated Governor for Safeguarding:                | Liz Wolverson              |
| • Designated Governor for Students with medical needs: | Jane Connolly              |
| • Senior member of staff for Safeguarding              | Justin Childs              |
| • Designated Lead for Child Protection:                | Justin Childs/Alison Deady |
| • Senior Member of staff for Medical Needs:            | Justin Childs/Alison Deady |
| • Senior member of staff Trips and Visits:             | Justin Childs              |
| • Community School Nurse:                              | Elmedina Baptista-Mendes   |
| • Senior First Aider:                                  | Alison Deady               |

## **Roles and responsibilities**

### **The Governing Body**

The governing body will ensure that:

- arrangements are in place to support students with medical conditions and that such children can access and enjoy the same opportunities at school as any other child.
- the focus of support is on the needs of each individual child and how their medical condition impacts on their school life, including their physical health, mental health and well-being and their ability to learn.
- all support increases the confidence of the student and their family and promotes self-care, where appropriate.
- staff are properly trained to provide the support that students need and that levels of insurance in place reflect levels of risk.

These responsibilities align with the Governing Body's wider safeguarding duties.

### **The School**

The Headteacher, or delegated senior member of staff, is responsible for:

- The day-to-day implementation and management of this policy.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are informed of a child's condition.
- Ensuring that sufficient numbers of staff are trained to implement the policy and deliver Individual Healthcare Plans (IHPs).
- The development of IHPs.
- Establishing and maintaining working arrangements with partner agencies, including community nursing teams, other health care professionals and the Local Authority.

Staff are responsible for:

- Familiarising themselves with this policy and associated procedures.
- Taking appropriate steps to support children with medical conditions.
- Taking account of the needs of students with medical conditions in lessons.

### **The Student and Parents/Carers**

Parents and carers are responsible for:

- Completing a parental consent form to administer medicine or treatment before bringing medication into school
- Participating in the development, implementation and regular reviews of their child's IHP.
- Providing the school with the medication their child requires and keeping it up to date.

Students are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to, and complying with, their IHP

## **Implementation (of this policy)**

### **Training of staff**

- All newly appointed staff will be briefed about this policy as part of their induction.
- Only staff members who have undertaken specific training may administer prescription medicines or undertake any healthcare procedures.
- The school will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.

### **Medical conditions register**

- A medical conditions register will be maintained and reviewed by the SENDCo. Class teachers will have an overview of the list for the students in their care.
- Supply staff and support staff will have access on a need to know basis.

### **Individual Healthcare Plans (IHPs)**

- Where possible, an IHP will be developed in collaboration with the student, parents/carers, Head's of Learning, SENDCO and medical professionals.
- IHPs will be easily accessible to all relevant staff, whilst preserving confidentiality.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a student has a SEND Support Plan or an Education, Health and Care plan, the IHP will be linked to it or become part of it.

### **Medication**

- Where possible, unless advised it would be detrimental to health, medication should 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 consent to administration of medicine form. (Annex 6)
- Medication will be administered in line with the Procedure set out in Annex 4

### **The role of the child**

- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Where possible, students will be allowed to carry their own prescribed medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location. **(Main reception office)**
- If students refuse to take prescribed medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

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

### **Educational visits and sporting activities**

- Arrangements will be flexible enough to ensure students with medical conditions can participate in educational visits and sports activities and not prevent them from doing so unless a clinician states it is not possible.
- Risk assessments will be undertaken, where relevant, in order to plan for including students with medical conditions.

### **Emergencies**

- Medical emergencies will be dealt with under Raine's Foundation School's emergency procedures, which will be communicated to all relevant staff so they are aware of signs and symptoms.
- If a student needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrives.
- Students will be informed in general terms of what to do in an emergency, such as telling a teacher.
- Where an Individual Healthcare Plan is in place, it should detail:
  - a. What constitutes an emergency
  - b. What to do in an emergency
  - c. If a student needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrives.

### **Students who cannot attend school due to a medical condition**

If a child cannot attend school for a short period of time, or a number of short periods of time, due to their medical condition the school will support their learning through the student's key worker, who will provide work for the child to complete at home, and such arrangements will be indicated in the IHP. If a student's medical needs mean that they require longer periods of time away from school, or that their period of absence totals greater than fifteen days, a review of the IHP will be held to review support.

At this time the school, in agreement with medical professionals, the parents and the child, will implement the ***Tower Hamlets Policy for Ensuring a Good Education for Children who Cannot Attend School because of Health Needs (2015)***. The parents will be given a copy of the policy at the meeting and the contents of the policy will be explained in the context of the child's support needs.

### **Avoiding unacceptable practice**

Raine's Foundation School understands that the following behaviour is unacceptable:

- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student and/or their parents.
- Ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school
- Sending the student to the medical room or school office alone if they become ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.

- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including educational visits.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

### **Complaints**

In the first instance, parents/carers should raise their concerns directly with the school. If not satisfied with the response, they should make a formal complaint using the School's Complaints Procedure.

### **Monitoring and Evaluation**

Evaluation of the effectiveness of this policy will be undertaken by the Raine's Foundation School Safeguarding Committee, with regular reports provided for the Governing Body.

### **Policy Development Statement**

This policy has been developed using the following documents:

***Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools...in England (December 2015)***

And as such it has given due regard to the following legislation:

Education Act 2002  
 Children Act 1989  
 Children Act 2004  
 Equality Act 2010  
 Children, Schools and Families Act 2010  
 Children and Families Act 2014

The Special Educational Needs and Disability Code of Practice (January 2015) Keeping Children Safe in Education (September 2016)

This Policy should be read in conjunction with the following policies agreed by the Raine's Foundation School Governing Body:

The School Equalities Policy  
 The School Safeguarding Policy  
 The School SEND Policy

This policy links directly to the following policy in providing care and support for students with medical needs:

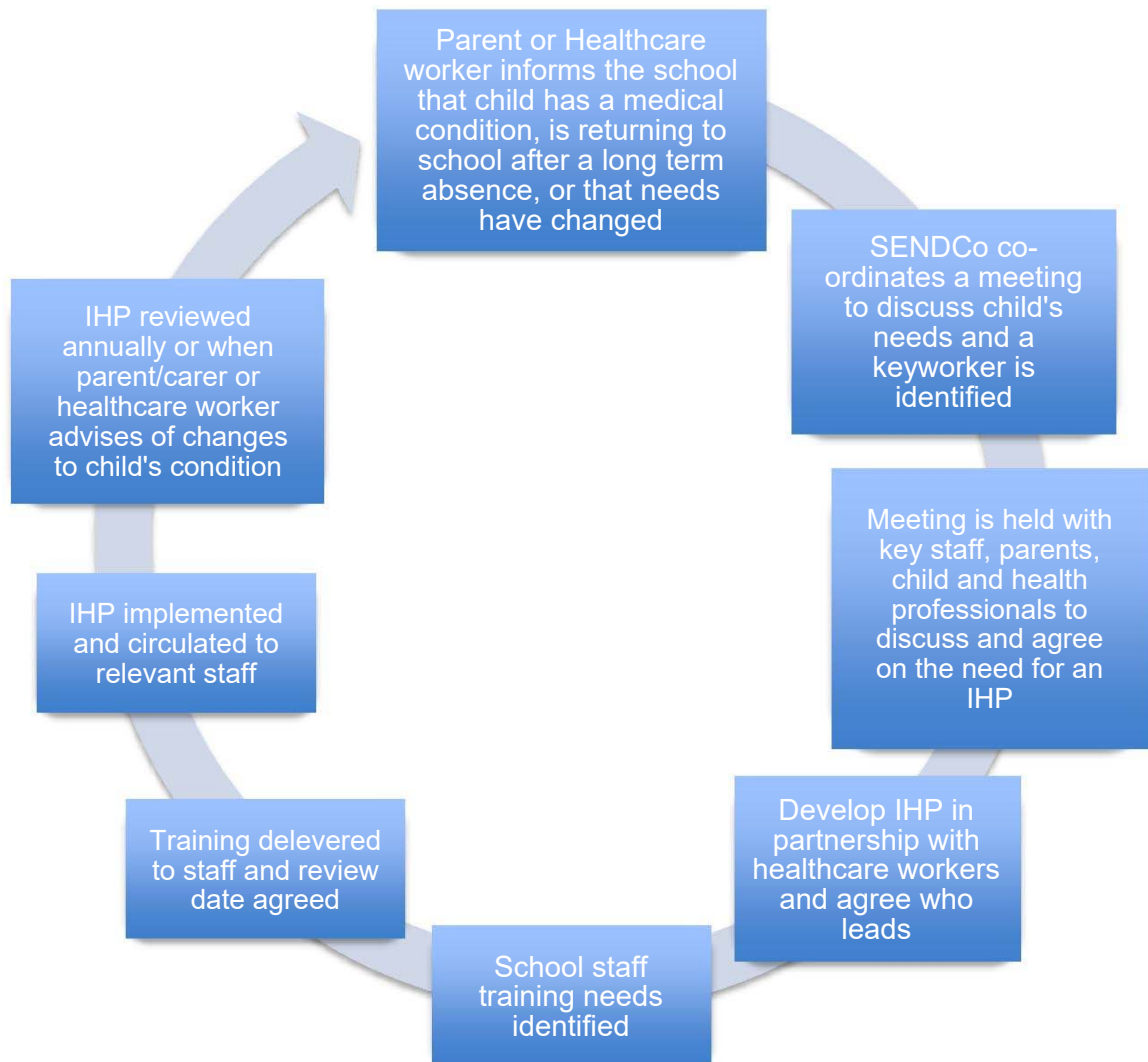
The Tower Hamlets Policy for Ensuring a Good Education for Children who Cannot Attend School because of Health Needs (2015)

### **Compass Wellbeing School Health - Asthma & Allergy Recommendations for Schools**

Produced in collaboration between the Paediatric Respiratory Department, Royal London Hospital & Tower Hamlets School Health, Compass Wellbeing January 2018

## Annex 1

### Process for Developing Individual Healthcare Plans



## **Annex 2**

### **Information Required on an Individual Healthcare Plan**

The following information should be considered when writing an Individual Healthcare Plan:

- The medical condition, its triggers, signs, symptoms and treatments.

The student's resulting needs, including medication and other treatments, times, facilities, equipment.

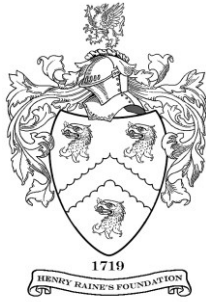
- Testing, dietary requirements and environmental issues.
- Specific support for the student's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Who will provide support, their training needs, expectation of their role and confirmation of their proficiency and cover arrangements.
- Who in school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff or self-administered. Children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision.
- Separate arrangements or procedures required for educational visits or other activities outside of the normal school timetable that will ensure the child can participate.
- Confidentiality.
- What to do if a child refuses to take medicine or carry out a necessary procedure.
- What to do in an emergency, who to contact and contingency arrangements.

Where a student has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their Individual Healthcare Plan.



**Annex 3**

**Individual Healthcare Plan**



Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

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 pupil'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

--

**Family Contact Information**

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

**Clinic/Hospital Contact**

Name

--

Phone no.

--

**G.P.**

Name

--

Phone no.

--

Who is responsible for providing support in school

--

## Annex 4



### Record of Staff Medical Training

#### Emergency First Aid at Work

Name	Level of Training	Locations	Telephone extension	Date of renewal
Alison Deady	Emergency First Aid At Work	Old building ground floor	209	3.1.2021
Helen Simmons	Emergency First Aid At Work	Main reception	200	3.1.2021
Grant Board	Emergency First Aid At Work	Main reception		3.1.2021
Russell Flanagan	Emergency First Aid At Work	Main reception		3.1.2021
Syeda Choudhury	Emergency First Aid At Work	Main reception	210	3.1.2021
Cathy Collier	Emergency First Aid At Work	Inclusion room old building ground floor	243	3.1.2021
Camilla Da Costa	Emergency First Aid At Work	BSA team on radio		3.1.2021
Emma Omo Bare	Emergency First Aid At Work	BSA team on radio or first floor main building	232	3.1.2021
Sophie Phillips	Emergency First Aid At Work	Science labs 2 <sup>nd</sup> floor main building	228	3.1.2021
Ella Alifande	Emergency First Aid At Work	Science labs 2 <sup>nd</sup> floor main building	228	3.1.2021
Erskine Smith	Emergency First Aid At Work	BSA team on radio		3.1.2021

<b>Trained to use Defibrillator</b>				
<b>Name</b>	<b>Level of Training</b>	<b>Locations</b>	<b>Telephone extension</b>	<b>Date of renewal</b>

<b>Trained to administer epi-pen/ support a seizure</b>				
<b>Name</b>	<b>Level of Training</b>	<b>Locations</b>	<b>Telephone extension</b>	<b>Date of renewal</b>
Alison Deady		Old building ground floor	209	
Helen Simmons		Main Reception	200	

<b>Trained to give insulin injections</b>				
<b>Name</b>	<b>Level of Training</b>	<b>Locations</b>	<b>Telephone extension</b>	<b>Date of renewal</b>
Helen Simons		Main reception	200	
Alison Deady		Old building ground floor	209	

**This record is kept by the Raine's Foundation School Safeguarding Committee and updated half-termly**

## Annex 5

### **Emergency Procedure to be followed in case of all medical emergencies**

1. Call nearest staff member above to aid support student/member of staff
2. If an ambulance is needed, reception should contact the Headteacher, or one of the Deputy Headteachers, to authorise the call to the ambulance service.
3. Call an ambulance – dialling 999

### **Speak clearly and slowly and be ready to repeat information if asked.**

- a. Give your telephone number
  - b. Give your name
  - c. Give your location as RFS, Approach Road, London, E2 9LY
  - d. Provide the exact location of the patient within the school setting
  - e. Provide the name of the child and a brief description of their symptoms
  - f. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient - advise entry via Approach Road
  - g. Inform Premises / Reception to have gate open and to support access to site
  - h. Ambulance crew to be accompanied to child
  - i. Continue to monitor until arrival of ambulance crew – keeping all staff updated about arrival times
4. Parents are called and advised of the situation
  5. A senior member staff is called who can decide on how the situation is supported – i.e. keeping area clear of staff and students etc This person to notify and keep the Headteacher informed
  6. First aid trained member of staff stays with child/adult and liaises with senior member of staff
  7. Parents accompanied to their child upon arrival
  8. If child needs to be taken to hospital then child and parent travel to hospital with the ambulance
    - a. If parents not at school
      - i. member of staff accompanies child to hospital
      - ii. parents are called and advised to go to the hospital
      - iii. member of staff stays with child until parents arrive
  9. All accounts are filed with copies in student file and sent to parents
  10. All external documentation is completed, sent and copies filed in school
  11. At the first available opportunity all staff involved attend a de-brief and review procedures and their effectiveness. The designated governor responsible for children with medical needs will also attend the debriefing session.

**Follow-up:**

For children:

Pastoral teams follow up with parents about the well-being of the child

For adults:

Line managers/HR to follow up with staff/adults about their well-being

In either case there may be a need to refer parents/adults to a senior member of staff who can go through the process taken by the school, and refer them to relevant complaints documentation if that is required.

## Annex 6

### **Procedure for administering medication to students at Raine's Foundation School**

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours.

When students need to take medication in school, parents/carers must complete a medication form. Copies are available from the school office, or in the parent's section of the school website. The following details are required:

- Full name of student and date of birth
- Name of medication and strength
- Who prescribed it
- Dosage to be given
- Any possible side effects that may be expected should be noted
- Signature printed name of parent/carer and date

Asthmatics, diabetics and those with EpiPens need only submit one form, not for each occasion of treatment being administered.

Prescribed 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, and asthma pumps) with dosage instructions. **Medicines that do not meet these criteria will not be administered.**

**Medication will be individually pharmacy labelled, with use by dates clearly displayed, and stored within the general office as agreed by Raine's Foundation School Safeguarding Committee.**

No child under 18 years of age will be given medication that contains aspirin without a doctor's prescription.

Parents may give permission for their child to receive certain non-prescription medicines (not aspirin) but this should be done in consultation with the school and with written permission, where possible. Parents should be informed before the medicine is administered and a record kept in line with the policy.

Any medications left over at the end of the course will be returned to the student's parent/carer. Written records will be kept of any medication administered to students.

Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed.

All medicines will be placed in the **(Main reception office)** away from other children.

Medicines and devices such as asthma inhalers, blood testing meters and adrenaline pens will always be available to children and not locked away. Ideally one with the child and one held in the main reception in a secure box.

If medicines require refrigeration parents will be advised of the school's ability to store such medicines at the time of application via the medication form.



## Annex 7

### Guidance at a Glance for Staff

The table below contains advice that members of staff can refer to when administering medicines to students in school. It is based on the Department for Education's statutory guidance on supporting students at school with medical conditions.

Do	Do Not
<ul style="list-style-type: none"><li>✓ Remember that any member of school staff may be asked to provide support to students with medical conditions, but they are not obliged to do so</li><li>✓ Check the maximum dosage and when the previous dosage was taken before administering medicine</li><li>✓ Keep a record of all medicines administered to individual children. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it</li><li>✓ Inform parents if their child has received medicine or been unwell at school</li><li>✓ Store medicine safely</li><li>✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately</li></ul>	<ul style="list-style-type: none"><li>✗ Give prescription medicines or undertake healthcare procedures without appropriate training</li><li>✗ Accept medicines unless they are in- date, labelled, in the original container and accompanied by instructions</li><li>✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances</li><li>✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor</li><li>✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers</li><li>✗ Force a child to take his or her medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform his or her parents</li></ul>

**Annex 8**

**Medication Form**

Request for Raine’s Foundation School to give medication

Dear Headteacher

I request that

.....Class.....  
(FULL name of child)

Be given the following medication:

..... (Name of  
Medicine/s) (PRESCRIBED SPECIFICALLY TO CHILD ONLY)

Dosage:.....

At the following times during the day: .....

For a period of ..... (SCHOOL DAYS)

*In the case of prescription only medicines the above medication has been prescribed by the family Doctor.  
It is clearly labelled indicating contents, dosage and child’s name in FULL.*

*In the case of medications available without prescription the above medication is clearly labelled indicating contents, dosage and child’s name in FULL. (Delete as applicable)*

I understand that the medicine must be delivered personally to the School Office and accept that this is a service which the school is not obliged to undertake.

Signed:..... Parent/Guardian

Date:.....

NOTE: Medication will not be accepted by the school unless this letter is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Head teacher

Changes to the above arrangements will require the completion of a new request form and may require a meeting to discuss an individual healthcare plan.

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**Office use only:**

**Administration of medicine agreed/not agreed (delete not applicable)**

**Signed (for an on behalf of the Headteacher):**

**Date:**

**Annex 9**

**Record of Medication Given**

Date.....

Dear Parent/Carer,

In accordance with your permission, we have given medication at school today.

Child's name.....

Form.....

He/She was given.....

Dose.....

At.....am/pm

Additional Notes:

By (Name of Staff).....

Signed.....

**Annex 10**

**Record of medicine administered to all children**



Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of Staff	Print name



**Annex 11**

**Record of Intimate and Personal Care Tasks Undertaken**

<b>Name of student</b>	<b>Form</b>	<b>Date</b>	<b>Task Undertaken</b>	<b>Time left room</b>	<b>Time returned</b>	<b>Member of staff</b>

**Annex 12**



**Record of Supervision/Monitoring of an unwell Child**

**Date:**

Name of Student	Form	Description of Illness	Time left room	Time returned	Member of staff signature



**Annex 13**

**Appendix 1 – Consent form**

Parent/Carer consent form: Use of the Emergency Salbutamol inhaler (can be amended for use of the emergency AAI)

Child's name:..... Form:.....

1. I confirm that my child has been diagnosed with asthma and/or has been prescribed a salbutamol inhaler in the last 12 months for an episode of wheeze (delete as appropriate).
2. I confirm that my child has a working, in-date, salbutamol inhaler, clearly labelled with their name, which they will bring with them to school every day OR there is a working, in-date, salbutamol inhaler stored for use in the school.
3. I confirm that my child has a spacer which they will carry with them in school every day OR which is stored for use in school.
4. I confirm that my child has an up-to-date asthma management plan available at school.
5. I consent for my child to receive salbutamol from an emergency inhaler held by the school in the event that my child shows symptoms of asthma or is having an asthma attack, and their inhaler is not available or is unusable.

Signed:..... Date: .....

Name (print):.....

Parent's address and contact details:.....

Telephone number:.....

Email address:.....

**Annex 14**



Appendix 2 – Purchasing inhalers

Draft template for purchasing emergency salbutamol inhalers (can be amended to purchase emergency AAls). To be used on school headed paper.

Dear Pharmacist,

Our school would like to purchase .....Salbutamol 100mcg metered dose inhalers (MDIs) and ..... Volumatic Spacers.

Yours faithfully,

Headteacher





**Annex 15**

**Appendix 3 – Notifying parents**

Specimen letter to inform parents/carers of their child's own inhaler or emergency salbutamol inhaler use

Child's name:..... Form:.....

Date:.....

Dear.....

This letter is to notify you that..... has had problems with his/her breathing today. This happened when .....

1. A member of staff helped them to use their asthma inhaler.
2. They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency salbutamol inhaler. They were given ..... puffs at ..... am/pm.
3. Their own asthma inhaler was not working, so a member of staff helped them to use the emergency salbutamol inhaler. They were given ..... puffs at.....am/pm.

We would strongly advise that you have them seen by their doctor as soon as possible. If their own inhaler was not available today, please ensure that this is replaced urgently.

Yours sincerely,

## Annex 15

### Appendix 4 – Audit checklist

*Suggested audit checklist - this includes the Asthma and Allergy friendly standards.*

Number of pupils in school  
 Number of pupils on the asthma register Number of pupils on the allergy register

Total number of staff  
 Number of staff completed asthma training  
 Number of staff completed allergy/anaphylaxis training

Standard	Criteria met
1.All staff aware of school asthma and allergy policy	Yes No Action
2.Asthma and Allergy Register up-to-date including parental consent for use of the emergency salbutamol inhaler and emergency adrenaline auto-injectors	Yes No Action
3.Emergency inhaler and emergency AAI kits available	Yes No Action
4.All pupils on the registers have an up-to-date asthma/allergy management plan	Yes No Action
5.School staff asthma and anaphylaxis training completed	Yes No Action
6.A member of staff responsible for maintaining standards.	Yes No Action

