



# SEND Medical Needs Policy

*This policy has been approved by the Board of Trustees with reference to the academy's Equality Policy. The aims of the Equality Policy are to ensure that Plume Academy meets the needs of all, taking account of gender, gender identity, ethnicity, culture, religion, language, sexual orientation, age, ability, disability and social circumstances. It is important that in this academy we meet the diverse needs of students to ensure inclusion for all and that all students are prepared for full participation in a multi-ethnic society.*

Reviewed: January 2022

Next Review: January 2023

## Contents

| Section    | Item                                   | Page |
|------------|--|------|
| 1          | Objectives of the Policy               | 3    |
| 2          | Roles and Responsibilities             | 3    |
| 3          | Definitions                            | 5    |
| 4          | Training of Staff                      | 5    |
| 5          | The role of the child                  | 5    |
| 6          | Individual Health Care Plans (IHCPs)   | 5    |
| 7          | Medicines                              | 6    |
| 8          | Emergencies                            | 6    |
| 9          | Avoiding unacceptable practice         | 7    |
| 10         | Insurance                              | 7    |
| 11         | Complaints                             | 7    |
| Appendix 1 | Process for developing IHCPs           | 8    |
| Appendix 2 | Templates                              | 9    |
| Appendix 3 | Personal Emergency Evacuation Protocol | 15   |
| Appendix 4 | Contacting Emergency Services          | 31   |

## **1. Objectives**

The Trustees and staff of the academy intends to ensure that students with medical needs receive appropriate care and support at school. Plume Academy is an inclusive community that aims to ensure all students can access education including sporting activities and school trips. This policy has been developed in line with the Department for Education's guidance relating to – "Supporting pupils at school with medical conditions" (Revised in December 2015). Some children with medical needs may be considered to be disabled under the definition set out in the Equality Act 2010. The academy will comply with the duties set out within this Act. Some students may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. The academy's Assistant Vice-Principal for Inclusion will follow the medical guidance in conjunction with the "Special Educational Needs and Disabilities (SEND) Code of Practice" to establish and appropriately implement and review an EHCP. The Special Educational Needs and Disability Code of Practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the "Children and Families Act 2014".

## **2. Roles and responsibilities**

### **2.1 The Board of Trustees is responsible for:**

2.1.1 ensuring the academy complies with the Department for Education's guidance relating to "Supporting pupils at school with medical conditions" and relevant definitions within the Equality Act 2010.

2.1.2 handling complaints through the academy's Complaints policy

### **2.2 The Executive Principal is responsible for:**

2.2.1 overseeing the overall implementation of this policy and its procedures

2.2.2 ensuring the Medical policy does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation

2.2.3 handling complaints through the academy's Complaints policy

2.2.4 ensuring that all students with medical conditions are able to participate fully in all aspects of school life

2.2.5 ensuring that all relevant training provided by the local authority is delivered to staff members who take on responsibility to support children with medical conditions

2.2.6 guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy

2.2.7 ensuring that written/electronic records are kept of any and all medicines administered to individuals and across the school population

2.2.8 ensuring the appropriate level of insurance is in place and reflects the level of risk.

- 2.3 The Assistant Vice-Principal for Inclusion is responsible for (and will delegate accordingly):
- 2.3.1 the day to day implementation and management of this policy and associated procedures
  - 2.3.2 ensuring the policy is developed effectively with relevant stakeholders and partner agencies/professionals
  - 2.3.3 ensuring staff are aware of this policy and students' medical condition/s
  - 2.3.4 liaising with healthcare professionals regarding the required training required for staff
  - 2.3.5 developing Individual Health Care Plans (IHCPs). The Assistant Vice-Principal for Inclusion will make the final decision on conflicting medical evidence and the contents of an IHCP
  - 2.3.6 ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations
  - 2.3.7 ensuring all appropriate risk assessments are made, in particular those relating to activities outside normal hours, school visits, sporting activities and home/school transport.
- 2.4 Staff members are responsible for:
- 2.4.1 taking appropriate steps to support children with medical conditions
  - 2.4.2 where necessary, making reasonable adjustments to include students with medical conditions into lessons and other activities arranged through the academy
  - 2.4.3 supervising medication as agreed with parents/carers
  - 2.4.4 undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility
  - 2.4.5 familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.
- 2.5 School nursing services are responsible for:
- 2.5.1 notifying the academy when a child has been identified with requiring support in school due to a medical condition
  - 2.5.2 liaising with lead clinicians and other social and healthcare professionals on appropriate care and support
  - 2.5.3 administering the immunisation programme.
- 2.6 Parents and carers are responsible for:
- 2.6.1 Keeping the academy informed about any changes to their child/children's health. They must advise the academy immediately if they are aware their child has a medical condition requiring care and support
  - 2.6.2 completing a parental agreement for the academy to administer medicine before bringing medication into the academy
  - 2.6.3 providing the academy with the medication their child requires and keeping it up to date
  - 2.6.4 where necessary, developing an IHCP for their child in collaboration with the Fambridge Road Campus (FRC) Lead/Mill Road Campus (MRC) Lead, Assistant Vice-Principal for Inclusion, other members of staff and health care professionals.

## **2.7 Students:**

- 2.7.1 should be encouraged to take responsibility for managing their own medicines and procedures
- 2.7.2 should visit the first aid room where medicines will be stored in a locked cabinet or the fridge. Students will not generally be allowed to carry their own medicines unless with expressed permission
- 2.7.3 if a student refuses to take medication or to carry out a necessary procedure, parents/carers will be informed so that alternative options can be explored.

## **3. Definitions**

- 3.1. 'Medication' is defined as any prescribed or over the counter medicine.
- 3.2. 'Prescription medication' is defined as any drug or device prescribed by a doctor.
- 3.3. A 'staff member' is defined as any member of staff employed at Plume Academy.

## **4. Training of Staff**

- 4.1. Teachers and support staff will receive training on the Medical Policy as appropriate.
- 4.2. Teachers and support staff will receive appropriate and ongoing training as part of their development.
- 4.3. Teachers and support staff who undertake responsibilities under this policy will receive the following training internally:
  - First Aid at Work
  - First Aid at Work Re-qualifier
  - Paediatric First Aid
  - Anaphylaxis First Aid
  - AED training
- 4.4. The clinical lead for this training is the Assistant Vice-Principal for Inclusion.
- 4.5. No staff member may administer prescription medicines or undertake any health care procedures without undergoing training specific to the responsibility.
- 4.6. No staff member may administer drugs by injection unless they have received the appropriate training, except for the purpose of administering an auto-injector to a student in anaphylactic shock, when no trained staff member is available.
- 4.7. A record will be kept of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

## **5. The role of the child**

- 5.1. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- 5.2. Where possible, students will be allowed to carry their own devices. Their medicines will be kept securely in the first aid room.

- 5.3. If students refuse to take medication or to carry out a necessary procedure, parents/carers will be informed so that alternative options can be explored.
- 5.4. Where appropriate, students will be encouraged to take their own medication under the supervision of a trained first aider, in the first aid room.

## **6. Individual Health Care Plans (IHCPs)**

- 6.1. Where necessary, an IHCP will be developed in collaboration with the student, parents/carers, Assistant Vice-Principal for Inclusion and medical professionals.
- 6.2. IHCPs will be easily accessible whilst preserving confidentiality.
- 6.3. IHCPs will be reviewed annually or when a child's medical circumstances change, whichever is sooner.
- 6.4. Where a student has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.

Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the local authority and education provider to ensure that the IHCP identifies the support the child needs to re-integrate.

## **7. Medicines**

- 7.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.
- 7.2. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for the academy to administer medicine.
- 7.3. No child will be given any prescription or non-prescription medicines without written parent consent except in exceptional circumstances.
- 7.4. Where a student is prescribed medication without their parents/carers knowledge, every effort will be made to encourage the student to involve their parents/carers while respecting their right to confidentiality.
- 7.5. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 7.6. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- 7.7. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- 7.8. Medications will be stored in the First Aid room.
- 7.9. Any medications left over at the end of the course will be returned to the child's parents/carers. Out of date medication will be disposed of. We have an agreement with the local pharmacy.
- 7.10. Written/electronic records will be kept of any medication administered to children.

- 7.11. Plume Academy cannot be held responsible for side effects that occur when medication is taken correctly.

## **8. Emergencies**

- 8.1. Medical emergencies will be dealt with under the academy's emergency procedures.
- 8.2. Where an IHCP is in place, it should detail:
- what constitutes a medical emergency?
  - what to do in an emergency.
- 8.3. Students will be informed in general terms of what to do in an emergency such as telling a teacher.
- 8.4. If a student needs to be taken to hospital, a member of staff will remain with the child until their parents/carers arrive.

## **9. Avoiding unacceptable practice**

- 9.1. Plume Academy 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/carers
  - ignoring medical evidence or opinion
  - sending students home frequently or preventing them from taking part in activities at the academy
  - sending the student to the First Aid Room or Student Services alone if they become ill
  - penalising students with medical conditions for their attendance record where the absences relate to their condition
  - making parents/carers feel obliged or forcing parents/carers to attend school to administer medication or provide medical support, including toilet issues
  - creating barriers to children participating in school life, including school trips
  - refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

## **10. Insurance**

- 10.1. Teachers who undertake responsibilities within this policy are covered by the academy's insurance.
- 10.2. The academy has in place Public Liability insurance with a limit of indemnity of £25,000,000 (any one claim) and also Trustees Liability (Professional Indemnity cover) with a limit of £5,000,000 for any one claim.
- 10.3. Full written policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the Director of Finance.

## **11. Complaints**

- 11.1. The details of how to make a complaint can be found in the Complaints Policy.

This Medical Policy was reviewed and ratified by the Board of Trustees of Plume Academy.

## PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS

## Appendix 1

Parent/carer or healthcare professional informs the academy that child has been newly diagnosed, or is due to attend Plume Academy, or is due to return to school after a long-term absence, or that needs have changed

*Inform: Assistant Vice-Principal for Inclusion, FRC/MRC Campus Lead, Head of Year (HoY), AHOY, Student Progress Manager (SPM), Assistant Designated Safeguarding Lead (ADSL)*

Executive Principal or senior member of academy staff to whom this has been delegated, coordinates meeting to discuss child's medical support needs; and identifies member of academy staff who will provide support to student

*Coordination: FRC/MRC Campus Lead, HoY, Assistant Vice-Principal for Inclusion*

*Identified member of staff will be AHOY or SPM  
Information must be copied to relevant stakeholders including AVP Inclusion*

Meeting to discuss and agree on need for IHCP to include key academy staff, child, parent/carer, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)

*Inform: FRC/MRC Campus Lead, HoY, Assistant Vice-Principal for Inclusion*

**First Aid Admin to be invited to the meeting**  
*PS: Add to register, identify level of need and risk and retrieve documentation for IHCP or mini IHCP*

Develop IHCP in partnership – AHOY/SPM lead on writing it with support by First Aid Admin. **Input from healthcare professional must be provided**

*To be agreed during above meeting  
IHCP uploaded onto SIMS and medical area by First Aid Admin. Information on SIMS will be by year group. Copy saved in file on relevant Plume site.*

Academy staff training needs identified

*To be agreed during above meeting  
Relevant AHOY and SPM to work with Assistant Vice-Principal for Inclusion to organise this training.*

Healthcare professional commissions/delivers training and staff signed off as competent – review date agreed

*All relevant paperwork to be completed and signed off by Assistant Vice-Principal for Inclusion*

IHCP implemented and circulated to all relevant staff (First Aid Admin)

*Review date to be added on to the medical calendar for review prompts.  
First Aid Admin to circulate documents and hold originals*

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate



### Plume Academy Individual Healthcare Plan

|                                |   |
|--------------------------------|---|
| Name of school/setting         | Plume Academy   |
| Child's name                   |   |
| Group/class/form               |   |
| Date of birth                  |   |
| Child's address                |   |
| Medical diagnosis or condition |   |
| Date                           |   |
| Review date                    | Annually or whenever child's medical circumstances change, whichever is sooner. |

### Family Contact Information

|                       |  |
|-----------------------|--|
| Name                  |  |
| Relationship to child |  |
| Phone no. (work)      |  |
| (home)                |  |
| (mobile)              |  |
| Name                  |  |
| Relationship to child |  |
| Phone no. (work)      |  |
| (home)                |  |
| (mobile)              |  |
| Name                  |  |
| Relationship to child |  |
| Phone no. (work)      |  |
| (home)                |  |
| (mobile)              |  |

### Clinic/Hospital Contact

|           |  |
|-----------|--|
| Clinic    |  |
| Name      |  |
| Phone no. |  |
|           |  |

**G.P.**

Name of surgery

Name

Phone no.

|  |
|--|
|  |
|  |
|  |
|  |

Who is responsible for providing support in school

1. AVP - Inclusion
2. Head of Year
3. Assistant Head of Year
4. SEND Teaching Assistant
5. First Aid Administrator

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

Timetable adjustments:  
Specific requirements e.g Access Arrangements, special room, counselling etc

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

|  |                 |
|--|-----------------|
| Training required:   | Staff involved: |
| Specific training needs will be assessed and implemented by AVP Inclusion. |                 |

Form copied to

|  |
|--|
|  |
|--|

Signature: ..... Date:.....

Signature: ..... Date:.....

# Template B: Parental agreement for setting to administer medicine

The academy will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

|                                    |               |
|------------------------------------|---------------|
| Date for review to be initiated by | SENDCO        |
| Name of school/setting             | Plume Academy |
| Name of child                      |               |
| Date of birth                      |               |
| Group/class/form                   |               |
| Medical condition or illness       |               |

## Medicine

|   |  |
|---|--|
| Name/type of medicine<br>(as described on the container)                |  |
| Expiry date   |  |
| Dosage and method   |  |
| Timing  |  |
| Special precautions/other instructions                                  |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Self-administration – y/n   |  |
| Procedures to take in an emergency                                      |  |

**NB: Medicines must be in the original container as dispensed by the pharmacy**

## Contact Details

|   |   |
|---|---|
| Name  |   |
| Daytime telephone no.                                       |   |
| Relationship to child                                       |   |
| Address   |   |
| I understand that I must deliver the medicine personally to | First Aid Administrator at the main reception on the Mill Road Campus |

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

Signature(s)\_\_\_\_\_

Date \_\_\_\_\_

**Mini-IHCP**

|  |                                    |   |
|--|------------------------------------|---|
| <u>Photo and basic details</u><br><br><br><br><br><br><br>Name:<br>Date of Birth:<br>Form:<br>Address: | <u>Medical condition/diagnosis</u> | <u>Contact details</u><br><br><br><br><br><br><br><u>Doctor's surgery</u> |
| Common symptoms:   | Action to be taken:                | Daily medication and date administered:                                   |
| •  | •                                  | •   |
| Medicine to be administered and frequency:   |                                    |   |
| Parent/Carer's signature   |                                    |   |
| Assistant Vice Principal - Inclusion   |                                    |   |

Personal Emergency Evacuation Protocol

PEEP Part 1: Personal Information:

|  |  |             |
|--|--|-------------|
| Name of Person   |  | Student UPN |
| School/Service   |  |             |
| Campus/Room/SEND Base  |  |             |
| Do you use any areas outside of school / college normal hours? |  |             |
| Year Group/Course (students)                                   |  |             |
| SEND Disability Contact  |  |             |
| Head of School/College   |  |             |
| Name of Assessor   |  |             |

|  |  |                                       |                              |
|--|--|---------------------------------------|------------------------------|
|  |  |                                       | (please tick as appropriate) |
| Mobility impairment                          |  | Medical condition e.g. Asthma         |                              |
| Hearing impairment                           |  | Temporary impairment e.g. broken limb |                              |
| Visual impairment/difficulty reading signage |  | Other                                 |                              |
| Pregnancy                                    |  |                                       |                              |

|   |                                |    |
|---|--------------------------------|----|
|   | (please delete as appropriate) |    |
| Do you have a full-time personal assistant?   | YES                            | NO |
| Are you able to take care of your personal care needs (eating, toileting etc.)?   | YES                            | NO |
| Can you hear audible alarm signals?   | YES                            | NO |
| Can you see visual alarm signals?   | YES                            | NO |
| Can you use stairs safely in an emergency?  | YES                            | NO |
| Would you use the stairs without assistance?  | YES                            | NO |
| Can you follow exit signage without assistance?   | YES                            | NO |
| Do you use assistive technology (cane, guide dog, etc.)?  | YES                            | NO |
| Have you rehearsed your main escape route?  | YES                            | NO |
| Please describe your disability or the conditions/illness which means you would require help during an emergency evacuation. (This is confidential) |                                |    |

|   |                   |                    |
|---|-------------------|--------------------|
| Do you use a wheelchair and/or any other device to aid your mobility?         | YES               | NO                 |
| If yes to above, please describe:   |                   |                    |
| If you use a wheelchair, it is a manual or electric chair?                    | Manual            | Electric N/A       |
| Will you use your wheelchair at all times while you are at school / college?  | YES               | NO                 |
| Can you self-transfer?  | YES               | NO                 |
| What are the approximate width, height, length and weight of your wheelchair? | Width=<br>Length= | Height=<br>Weight= |

|   |     |    |
|---|-----|----|
| Are there any other measures that could be introduced that would further aid your evacuation in an emergency? | YES | NO |
| If yes to above, please state:  |     |    |

PEEP Part 2: General Information:

|   |  |
|---|--|
| <b>Buildings being used –<br/>location and floor levels</b> |  |
|   |  |
|   |  |
|   |  |
|   |  |

|                  |  |
|------------------|--|
| <b>Timetable</b> |  |
|------------------|--|

|  |  |
|--|--|
| Use and location of<br>catering facilities |  |
| Location of toilet<br>facilities           |  |
| Additional Notes                           |  |

Additional Information:

|  |
|--|
|  |
|--|

Part 3: Personal Emergency Evacuation Plan:

|                |  |
|----------------|--|
| Name           |  |
| School/Service |  |
| Location(s)    |  |

Introduction:

Means of escape:

Conclusions/Recommendations:

Specific Emergency Instructions for Carer/ Teacher / Student:

Agreed means of escape:

On hearing the alarm

On discovering a fire

In the event of a bomb scare

Students are to follow normal fire evacuation instructions and leave the building; however, in this situation they should take their coats and bags with them. At FRC students should be escorted to Longfields.

|  |     |    |
|--|-----|----|
| Walk through of evacuation scenario completed? | YES | NO |
| Evacuation Practice Completed?                 | YES | NO |
| Date of next PEEP review.                      |     |    |

Signed:

Individual \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

I understand that this information will be shared with other members of staff and where necessary the emergency services. I accept the responsibility to notify the academy/college of any changes in my circumstances which may affect this plan.

Executive Principal of Academy: Carl Wakefield

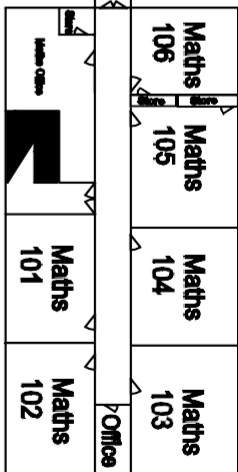
Date \_\_\_\_\_

Part 4: Risk Assessment:

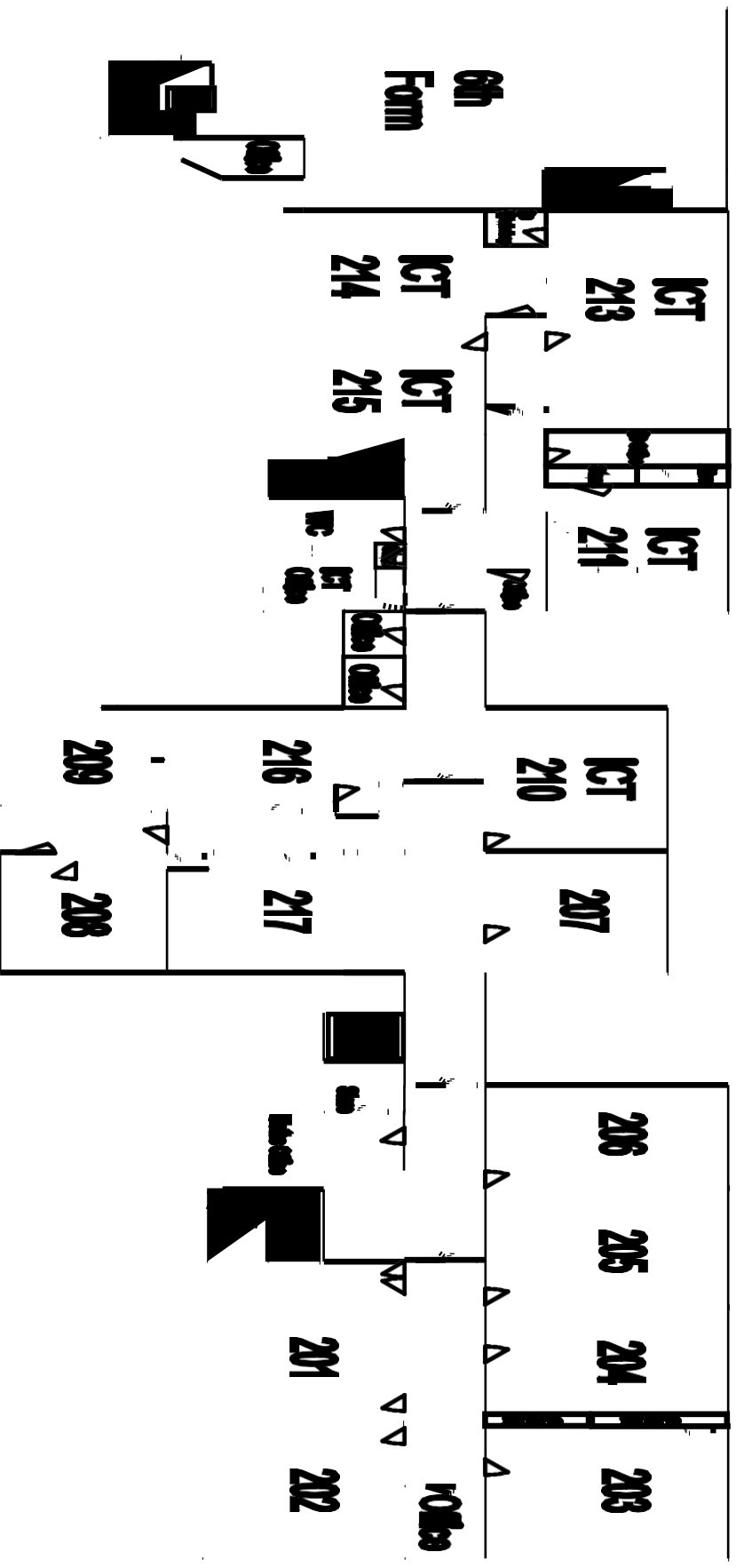
|   |   |       |
|---|---|-------|
| School/College:                                 | Plume Academy, Fambridge Rd, Maldon, Essex. CM9 6AB |       |
| Assessed By:                                    |   | Date: |
| Student Name:                                   |   |       |
| Significant hazards / risks:                    |   |       |
| Who could be harmed?                            |   |       |
| Control measures currently in place:            |   |       |
| Competence Requirement:                         |   |       |
| What more needs to be done to control the risk? | Priority - (High / Medium / Low)                    |       |
|   |   |       |

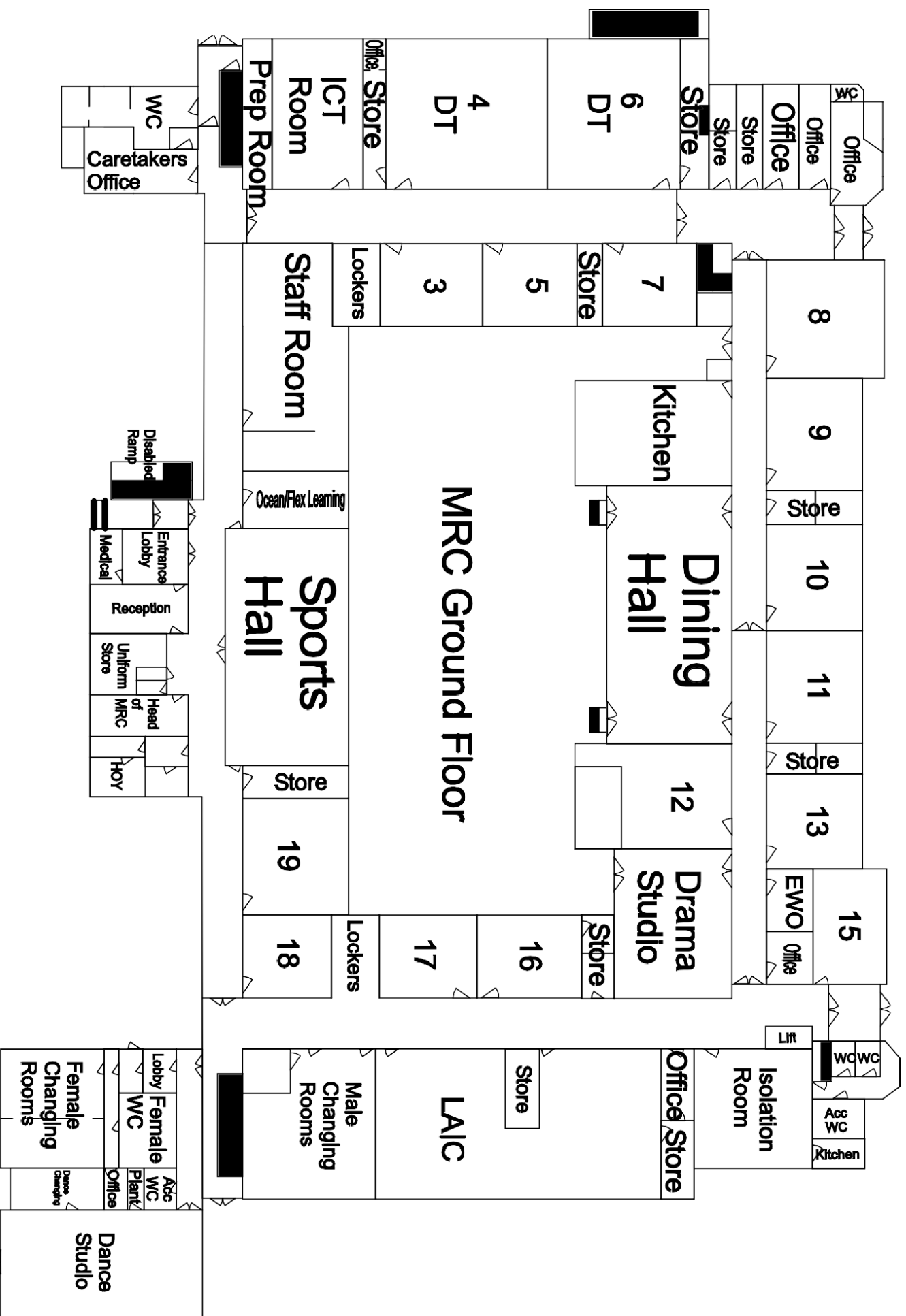
|                |  |
|----------------|--|
| Date Reviewed: |  |
| Initials:      |  |

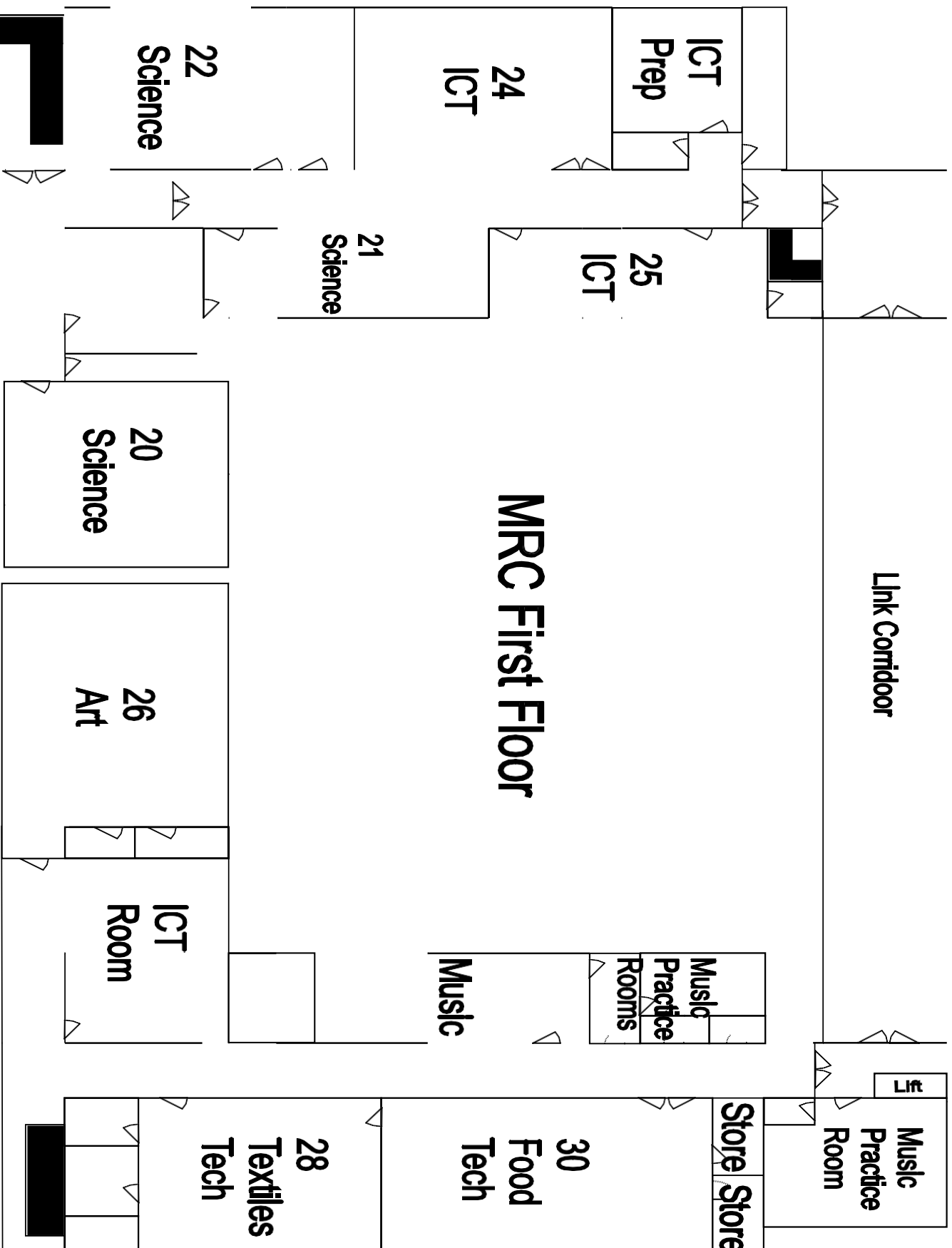




# SECOND FLOOR









**Template F: Contacting Emergency Services**

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number.
2. Your name.
3. Your location as follows [insert academy address].
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code.
5. Provide the exact location of the patient within the school setting.
6. Provide the name of the student and a brief description of their symptoms.
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
8. Put a completed copy of this form by the telephone.