

THE LATYMER SCHOOL Founded 1624

SUPPORTING STUDENTS WITH A MEDICAL CONDITION

STATUTORY

Statutory Policy Review by	Pupils and Personnel Committee, March 2024
Policy adopted	Full Governors' Meeting, March 2024
Review date of policy	March 2025 (One Year)

1. Legislation and statutory responsibilities

The Latymer School wishes to ensure that students with medical conditions receive appropriate care and support at school. 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 students at their school with medical conditions. It has been developed in line with the Department for Education's guidance "Supporting students at school with medical conditions" (updated August 2017). It applies to all students in school from Year 7 through to Year 13.

Ofsted places a clear emphasis on meeting the needs of students with SEN and Disabilities and this includes students with medical conditions.

2. Equal opportunities

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

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

3. Supporting Students with Medical Conditions policy

Definition:

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

(a) Short-term, affecting their participation in school activities during which they may be on a course of medication or absent from school for a short period due to a fracture, for example.

(b) Long-term, potentially limiting their access to school-based education and requiring extra care and support at another non-school location

4. School Ethos

Schools have a responsibility for the health and safety of students in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of students with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all students at the school. This may mean making special arrangements for particular students so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required.

The Latymer School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that students with medical conditions (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for students with medical conditions. Students with medical conditions have the same right of admission to school as other students and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of students have a common law duty to act 'in loco parentis' and must ensure the safety of all students in their care. To this end, The Latymer School reserves the right to refuse admittance to a student with an infectious disease, where there may be a risk posed to others or to the health of the student involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a student's health lies with the parent, who is responsible for the student's medication and must supply the school with all relevant information needed in order for proficient care to be given to the student. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the student's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the student and others who may be affected such as fellow students, for example. The school staff are not medically trained professionals and they can only offer support within the parameters of their skills and expertise. However, they will help to facilitate appropriate support for students, such as referrals to appropriate medical institutions.

5. Our Aims

- To support students with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff involved in the care of students with medical needs are fully informed and where necessary are adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for students who may have disabilities or special educational needs
- To write, in association with healthcare professionals, Individual Healthcare Plans (**IHCP**) where necessary
- To respond sensitively, discreetly and quickly to situations where a student with a medical condition requires support
- To keep, monitor and review appropriate records

6. Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the student's IHCP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents

- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips
- Administer, or ask students to administer, medicine in school toilets.

7. Key roles and responsibilities

The Local Authority (LA) is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting students with medical conditions
- Providing support, advice and guidance to schools and their staff
- Making alternative arrangements for the education of students who need to be out of school for fifteen days or more due to a medical condition.

The Governing Body is responsible for:

- The overall implementation of the Supporting Students with Medical Conditions Policy and procedures of The Latymer School
- Ensuring that the Supporting Students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: age, gender reassignment, being married or in a civil partnership' being pregnant or on maternity leave, disability, race including colour, nationality, ethnic or national origin, religion or belief, sex, sexual orientation
- Handling complaints regarding this policy as outlined in the school's Complaints Policy

- Ensuring that all students with medical conditions are able to participate fully in all aspects of school life
- Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support students with medical conditions
- Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy
- Keeping written records of any and all medicines administered to individual students and across the school population
- Ensuring the level of insurance in place reflects the level of risk.

The Headteacher is responsible for:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (all IHCPs), including in contingency and emergency situations
- Please see **Section 11. Individual Healthcare Plans (IHCP)** for further information regarding all IHCPs
- Delegating responsibility for the development of IHCP's to the relevant members of the Senior Leadership Team, the students Head of Learning (HoL) and the Welfare Officer
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

Staff members are responsible for:

- Taking appropriate steps to support students with medical conditions
- Bringing to the attention of Senior Leadership any concern or matter relating to the support of students with medical conditions
- Where necessary, making reasonable adjustments to include students with medical conditions into lessons. This will be done via the IHCP
- Administering medication on a residential or non-residential trip, only **if** they have agreed to undertake that responsibility
- Undertaking training to achieve the necessary competency for supporting students with medical conditions, only **if** they have agreed to undertake that responsibility

- Understanding the policy Supporting Students in school with Medical Needs and familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.

Welfare Officer is responsible for:

- Taking appropriate steps to support children with medical conditions
- Administering medication
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help
- Contacting the school nursing service in the case of any child who has a medical condition
- Responsible for the development, in collaboration with the relevant member of the Senior Leadership Team, the students HoL and the Head of Learning Support (if relevant), of the IHCP
- Liaising with healthcare professionals regarding the training required for staff
- Monitoring staff training records to ensure that staff have received the training required to achieve the necessary competency for supporting pupils with medical conditions.

School nurses are responsible for:

- Notifying the school when a student has been identified with requiring support in school due to a medical condition
- Liaising locally with lead clinicians on appropriate support.

Parents and carers are responsible for:

- Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition and/or any changes to their child's health (**including their mental health**). This information should be provided at the earliest possible opportunity
- Completing a 'Parental Agreement for a school to administer medicine'¹ (Appendix 1) for school to administer medicine form before bringing medication into school. Medicines will only be administered on this basis or where specific written instructions are provided by the medical practitioner, pharmacist or optometrist or other prescriber. **Verbal instructions from any party will not be accepted. The same applies for both prescribed and non-prescribed medicines**

¹ Appendix 1: Parental Agreement for a school to administer medicine

- Providing any changes to administration arrangements via new written instructions by the prescriber, new prescription or new labelling by the pharmacist or dispensing practice
- Providing the school, in person, with the medication their child requires and keeping it up to date. Students are not allowed to bring prescribed or non-prescribed drugs into school
- Collecting any leftover medicine at the end of the course, term or year and signing to say that they have done so
- Discussing medications with their child prior to requesting that a staff member administers the medication
- Where necessary, developing an IHCP for their child in collaboration with the Deputy Head Sixth Form (DH6thForm), Senior Assistant Headteacher Pastoral (SAHT), School Welfare Officer, other staff members and healthcare professionals.

The Role of the student

- Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures in school **but only under supervision of the Welfare Officer**. This applies to both prescribed and non-prescribed medicines
- Where possible, students will be allowed to carry their own medicines and devices (e.g. epi-pens). Where this is not possible, their medicines will be located in the Welfare Office and Main Reception
- If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored
- As a general rule, all students will be encouraged to take their own medication under the supervision of the Welfare Officer if in school or a teacher, if on a residential trip.

8. Definitions

- “Medication” is defined as any prescribed or over the counter medicine.
- “Prescription medication” is defined as any drug or device prescribed by a doctor.
- A “staff member” is defined as any member of staff employed at The Latymer School including teachers.

9. Training of staff

- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering
- No staff member may administer drugs by injection unless they have received training in this responsibility
- Training of staff is the responsibility of a qualified professional from the local Health Authority (School Nurse). Staff are not obliged to train.

10. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined in Appendix 2² will be followed to decide whether the student requires an IHCP

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

11. Individual Healthcare Plans (IHCP)³

- Not all students with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision
- IHCP will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHCP
- Where necessary, an IHCP will be developed in collaboration with the student, parents/carers, SAHT/DH6thForm, Head of Learning Support, School Welfare Officer and other health care professionals
- IHCP's will be easily accessible whilst preserving confidentiality
- IHCP's will be reviewed at least annually or when a student's medical circumstances change, whichever is sooner
- Where a student is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and/or education provider to ensure that the IHCP identifies the support the student needs to reintegrate
- Information contained on an IHCP will only be shared on a needs-to-know basis.

12. Developing an Individual Healthcare Plans (IHCP)⁴

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher/SAHT/DH6thForm/Welfare Officer, will consider the following when deciding what information to record on IHCP:

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

² Appendix 2 - Individual Healthcare plan implementation procedure

³ Individual Healthcare Plan Implementation Procedure

⁴ Appendix 2 - Individual Healthcare plan implementation procedure

- The student's resulting needs, including prescription medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements.

13. Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours, (prior to school, after school and at bedtime)
- If this is not possible, prior to staff members administering any medication, the parents/carers of the student must complete and sign a Parental Agreement for a school to administer medicine form (Appendix 1)⁵. Only essential medicines will be administered during the school day
- Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality
- No student will be given medication containing paracetamol, aspirin or Ibuprofen without a doctor's prescription or parental permission
- Students with a doctor's prescription or parental permission to take paracetamol, aspirin or Ibuprofen must go to the Welfare Office to take them if required. Medication must not be taken unsupervised. Students must never have this type of medication or any other on their person

⁵ Appendix 1: Parental Agreement for a school to administer medicine

- Paracetamol is a common painkiller for children. It's often used to treat headaches, stomach ache, earache, and cold symptoms. It can also be used to bring down a high temperature (fever) (38C or above)⁶
- With parental permission (either in writing or where consent has been given on the school 'Health and Nutritional Information form) students can be given a dose of paracetamol (the dose will be the recommended dose for the child's age⁴) if necessary; after other efforts have been made to ease their pain (a glass of water; sitting or lying down in a quiet room)
- No student will be given any prescription or non-prescription medicines without written parental consent. Verbal instructions will not be accepted. Parents should have delivered both prescription and non-prescription medicine to the Welfare Officer in person
- 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**
- All medicines will be stored safely. Medicines needing refrigeration will be stored in the fridge in the Welfare Office
- Some medicines (epi-pens, inhalers, etc) will be carried by the student, for ease of access during outside activities
- Back up Inhalers and epi-pens will be kept in either the Welfare Office or in the Main Reception
- The School can administer their "generic" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided as part of a student's individual healthcare plan⁷
- The school's spare AAI can be administered to a student whose own prescribed AAI cannot be administered correctly without delay
- Controlled drugs or prescribed medicines will be kept in the locked cabinet in the Welfare Office. Access to these medicines is restricted to the named persons
- A maximum of four weeks supply of the medication may be provided to the school at one time
- Prescribed or non-prescribed 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 Drugs Policy. For this reason, only parents are allowed to bring medication into school and to collect it from the Welfare Officer**
- Medications will be stored in the Welfare Office (emergency inhalers are also stored in the School Office)
- Any medications left over at the end of the course will be collected by the student's parents
- Written records will be kept of any medication administered to students⁸

⁶ <https://www.nhs.uk/medicines/paracetamol-for-children/>

⁷ Guidance on the use of adrenaline auto-injectors in schools, 15 September 2017

⁸ Medication Log

- Students self-administering asthma inhalers do not need to be recorded
- Emergency inhalers are kept in the Welfare Office or Main Reception. All inhalers should be marked with the student's name
- All students with an inhaler and /or epi-pen must take them on educational visits, however short in duration. **Not having the correct medications could prevent a student from taking part in the trip**
- Students who are diabetic and whose blood sugar needs to be measured, must report to the Welfare Officer at lunchtime for a reading where this will be recorded. Any reading that is a concern will be communicated to parents
- Staff who accompany any student on a residential trip will need to have ensured that they have been trained adequately to deal with emergencies arising from diabetes, asthma as well as how to use an epi-pen.
- Students should never be prevented from accessing their medication
- The Latymer School cannot be held responsible for side effects that occur even when medication is taken correctly
- Any student refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. Missed doses must also be recorded.

14. Emergencies

In a medical emergency, certain teachers have been appropriately trained to administer emergency paediatric first aid if necessary. If possible, the school's Welfare Officer or another member of Support Staff/First Aider could be asked to attend.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the student's date of birth, address, parents' names and any known medical conditions

Students will be accompanied to hospital by a member of staff if this is deemed appropriate and then handed over to their parent/guardian. This is the only scenario where staff will be covered by the school insurance policy to use their personal cars to transport a student. Staff should, where possible, **seek the permission of the student's parents before using their personal car to transport a student to hospital**, but this might not always be possible. Parents must always be called in a medical emergency, but do not need to be present for a student to be taken to hospital.

- Medical emergencies will be dealt with under the school's emergency procedures.

Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency
- What to do in an emergency
- Students will be informed in general terms of what to do in an emergency such as telling a teacher
- Staff will be made aware via the HoL and HODs of any students who currently has an IHCP.

Epi-pen – Any trained member of staff can administer an epi-pen in an emergency.

- The pen (cap off) should be pushed against the student's thigh, through clothing if necessary
- The pen should be held for a count of 10 seconds before being withdrawn
- An ambulance must be called immediately for a student who may require an epi-pen
- Cetrizine may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. This is a liquid medicine stored with the epi-pen
- If symptoms are more severe, the epi-pen should be given immediately
- Parents should be contacted after this call has been made.

15. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of an IHCP. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher/AHP. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHCP
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

16. Record keeping

The governing board will ensure that written records are kept of all medicine administered to students. Parents will be informed if their student has been unwell at school.

IHCP are kept in a readily accessible place which all staff are aware of.

17. Liability and indemnity

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

Staff who provide support to students with medical conditions are covered under the liabilities section of the School's insurance policy relating to the administration of medication to students. In order for this cover to be valid, treatment plans/risk assessments have to be in place, parent/carer's must have provided written permission for their child to receive medication at school and the staff administering medication must have undertaken suitable training.

18. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher/DH6thForm/AHP in the first instance. If the headteacher/ DH6thForm/AHP cannot resolve the matter, they will direct parents to the school's complaints procedure.

19. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

20. Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Complaints Procedure
- Equality information and objectives
- First aid
- Health and safety for VA and Foundations
- Safeguarding, Child Protection Policy and Procedures

- Special Educational Needs and Disability Policy

21. Student Support

Please refer to the section “Mental Health of Students and Absence from School” (page 15 Section 26 refers) for specific information relating to students who are struggling to cope with their mental health.

The Latymer School provides full access to the curriculum for every student wherever possible. We believe that students with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this.

However, we also recognise that employees have rights in relation to supporting students with medical needs.

22. Student Support due to short term medical condition

If a student needs to take time off school due to a short term medical condition (this includes broken limb, recovering from an operation, receiving medication that needs to be administered at home but does not include absence due to more mundane ailments (flu, measles, mumps etc)), the school will ensure the following:

- Work to be provided within 72 hours of notifying school that student will be absent. The work provided will either come from individual staff or the HoL. Work will be emailed home to the student's school email address and the HoL and parents copied in the email, or **uploaded to Google Classroom**. Alternatively, depending on the work, this may need to be collected from main reception, again within 72 hours of the school/staff being notified.
- Time frames to complete the work will be flexible to reflect the constraints of the medical condition. However, parents are asked to be in touch with the HoL to provide an update on where the student is with work (completed work can be emailed or dropped off at main reception) and how their condition is.
- Feedback on work sent out will be the same as for the rest of the class (where possible).

23. Student Support due to long term student absence (either sustained or interrupted)

For an absence up to 4 weeks duration

- The student will be offered support with catching up on missed work by either the HoL, Assistant HoL or the **Pastoral Support Officer**
- The DH6thForm/SAHT should be informed & consulted if any special adaptations or circumstances apply
- If coursework, controlled assessment or any aspect of the examination is involved this should be referred to the Deputy Head Curriculum (DHC) and the examinations officer for review of special consideration or adaptation of the examination conditions
- An ongoing dialogue between the school, parents and /or interim education provider should take place over this four-week period. The DHC should lead on this dialogue.

For absence over 4 weeks duration

- A review meeting should take place before the end of the 4th week if it is expected that the student will not return in the following week
- The review meeting should include the HoL, DH6thForm/SAHT & DHC to consider the impact of the absence on the student's ability to maintain academic achievement on their existing course. This meeting should decide the next steps and people to consult & inform
- Parents/carers, the student and any medical or other relevant adults involved should then be informed of the view of the school about the most appropriate next steps for the student to be applied for the following four/five weeks of continued absence
- If the absence continues an academic review should take place every 4 weeks, to include the involvement of the DHC and the Assistant Headteacher – Teaching and Learning (AHTT&L), followed by sharing of information with any relevant adults and the student where appropriate
- The student will be offered support with catching up on missed work by either the HoL, Assistant HoL or the **Pastoral Support Officer**.

24. Where teaching takes place outside the school:

- The HoL will liaise with the health care body that has responsibility for the care of a Latymer student and/or who takes responsibility for a part of the education of that student, regarding the curriculum that the student is following and exam board requirements
- Guidance should take into account the ability of the student to complete the GCSE or GCE course and look at the best route to support the student in their preparation for this and their next stage of education. The course level and the number or subjects taken should be reviewed and adapted where necessary to allow the student the best opportunity of reaching an academic standard that would allow them to re-integrate to Latymer, another school, or another Sixth Form or further education college. There should be internal consultation with DHC, the AHTT&L and/or the SAHT/DH6thForm
- Any revised expectation regarding the number of subjects to be taken for examination and their level should be communicated clearly to the health care body and to the adults responsible for the student, as appropriate in each case, by the HoL
- Where the student is in year 11 or year 13, and examination entries are being submitted, it will be decided in partnership with the carers and the external institution which is the best location for the student to sit any examinations and any special circumstances that will be put in place. This will be explained to the carers and the student in advance of the examinations and agreement sought.

25. Re-integration to Latymer of a student who has experienced a short- or long-term medical condition (not including a mental health concern)

- A short-term medical condition includes broken limb, recovering from an operation, receiving medication that needs to be administered at home but does not include absence due to more mundane ailments (flu, measles, mumps etc)

- The re-integration of the student to Latymer will be considered at least at half-termly intervals for students in exam years (11, 12 and 13). This will be determined by the level of risk for returning to school that the student presents. A risk assessment will be carried out, focusing on the capacity of the school to support the student and if the student is safe to return to school. This will be reviewed by the Senior Leadership Team (SLT) and any special dispensations or conditions agreed. These will then be communicated to the parent/carers, the student and the health care body by a member of the senior leadership team
- Conditions for re-integration will be made clear and a plan for reintegration to school will be made in consultation with the SLT. The agreed plan will be discussed and agreed with the student, parent/carers and any other relevant adult before being implemented
- A return to school meeting will be held either in the days immediately prior to return or on the first day in school to ensure that all carers, staff and student are fully aware of the protocols in place
- Please see section 27. "Residential and Non-Residential Educational Visits" for information relating a students inclusion on any school visits or trips
- It is the responsibility of the students and parents to inform the HoL and/or SLT of any forthcoming school visit or trip that they are due/wish to attend
- Attendance on any future trips will be discussed with the student and their parents as part of the reintegration process
- All staff who teach or have contact with the student will be made aware of the conditions of return, of the particular vulnerabilities of the student and the route for further referral or advice
- Review points will be agreed with the DHC and/or DH6th Form/AHP. A review will take place after return to school within the first four weeks and after the first half term to monitor the student on return. Additional review points may be decided upon according to perceived need
- Support documents for special consideration in examinations will be passed to the examinations officer, copy to HoL & DHC
- The student will be offered support with catching up on missed work by either the HoL, Assistant HoL or the Pastoral Support Officer
- Arrangements for any proposed timetable adaptations will be implemented with the agreement of the SLT & Latymer teaching staff.

26. Mental Health of Students and Absence from School

The Latymer School, like many other schools, will also be faced occasionally with students whose mental health/emotional well-being is such that, the staff may decide that the best policy is for the student to be granted a temporary "leave of absence" from the school setting based on supportive grounds. This supportive "leave of absence" will be decided upon by SLT/Heads of Learning and in discussion with parents when the mental health/emotional well-being of the individual is such that a risk assessment has to take place due to one or more of the following;

- the permanent supervision of the individual by school staff is not possible and due to this the school has significant concerns about being able to guarantee the individual's health & safety and/or
- the individual may pose a threat to their own safety
- the individual may pose a threat to others' health and safety, mental health/emotional well-being
- the individual may require time away from school to recover

Furthermore, if none of the above are applicable but the student's condition is such that they are not able to participate fully in school activities, the school will also discuss with all parties a recommended supportive "leave of absence".

Under no circumstances, is the leave of absence to be seen as a sanction. The leave of absence will be discussed with the individual and their parents with as much warning as possible given and reasons such as those stated above, being explained as the reason for this leave of absence. However, this possibility of advance discussion will depend on individual circumstances.

The length of this leave of absence should be agreed by SLT/Heads of Learning, the student's parents and the student themselves. It should be no more than a school week.

The student should continue to receive work either via their HoL or individual teachers during this leave of absence.

Any student warranting this leave of absence, if not already receiving professional outside support, must be referred, as soon as is practical, to agencies such as CAMHS. This can be either via their GP (student and parents are responsible for this) or via a school-based referral. **If the student is already being seen by an outside agency, such as CAMHS, the latter should be informed of the need for this leave of absence. The party responsible for doing this (parents or school) can be agreed on, at the time of the initial discussion.**

Guidelines for the best possible re-entry into school must be outlined in the meeting with the student and parent/guardian. These can include any or all of the following, depending on the individual's situation:

- a therapist/psychiatrist/GP/CAMHS based assessment stating the student is well enough to be in school and poses no risk to himself/herself and/or others
- continued support (internally or externally)
- any other parameters deemed relevant to the case
- The student will be offered support with catching up on missed work by either the HoL, Assistant HoL or the Student Support Assistant.

Teachers of the students will be asked to be empathetic towards the needs of the student and take their specific situation into account when setting work or deadlines.

The school will work with the student and external agencies (therapist/GP/CAMHS) to develop strategies and practices in school to support and manage their mental health in school. This could include having a designated point of contact in the school; flexible start time; a phased return to school and procedures for the student to leave lessons for a short period of time if experiencing anxiety or the equivalent.

Care must be taken to ensure that adequate support is available for the student's close friends and support group.

Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child, at the earliest opportunity (including mental health concerns)
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy in the original container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their son/daughter to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of students with medical needs will fully inform staff beforehand of the student's condition, its management and implications for the school life of that individual
- The Latymer School will ensure that, where appropriate, students are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a student's medical needs and will seek support and training in the interests of the student
- Transitional arrangements between schools will be completed in such a way that the Latymer School will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the student's receiving school to adequately prepare
- Individual Healthcare Plans (IHCP's) will be written, monitored and reviewed regularly and will include the views and wishes of the student and parent in addition to the advice of relevant medical professionals.

Information

Students with serious medical conditions will have their photo and brief description of condition, along with any other necessary information readily available. This can be found on Topics (T:\staff\Education, Health & Well-Being (EHWB)).

IMPORTANT

It is the responsibility of the individual members of staff to be fully aware of any medical conditions which may require emergency attention that a student may have, e.g. epilepsy, diabetes, allergies, heart conditions etc. This information is available on both SIMS and in the Education, Health & Well-Being (EHWB) document. Staff will be reminded at the start of the autumn term to update their records for the classes that they teach. The HoL for the student with a medical

condition will inform staff of any new medical information or updates when received by the school from parent/carers.

It is also essential that the **Trip Leader** consults the Pupil Education, Health and Wellbeing list (EHWB) once they have received the final list of students participating in a residential trip. All **Trip Leaders (residential or otherwise)** are also responsible for checking the Medical (including mental health) Information list once the list of participants is finalised and well in advance of any trip departure date. Students who may require emergency attention should also have their names and an Individual Healthcare Plan (IHCP) clearly accessible in the Welfare Office and another copy in the Main Office.

27. Residential and Non-Residential Educational Visits

The Latymer School provides full access to the curriculum for every student wherever possible. We believe that students with medical needs (physical or mental) have equal entitlement and must receive necessary care and support so that they can participate in all activities including residential and non-residential trips. However, should a student present with a condition, be it a recent or more established one, it is important that the school knows about it as soon as possible, in order for a full risk assessment to be undertaken. This assessment will take the medical need into account in relation to:

A risk assessment will be undertaken regarding the student's inclusion on any school visits or trips.

- The development of the school visits or trips risk assessment will include input from a GP/psychiatric/therapist/CAMHS to help inform the school
- activities to be undertaken
- any potential hazards specific to that visit or school trip
- areas to be visited
- its impact on learning
- the supervision of the physical/mental need in the context of the overall staff/student ratio
- the ability and confidence of staff to manage and lead the trip effectively for all concerned
- the suitability of accommodation and if an exchange, any potential issues for the host family

Therefore, in organising trips, the school has the following expectations.

- Parents are responsible, in our trip paperwork, for updating the Trip Leader on any medical condition (physical or mental) that the student has which could lead to a potential problem for the student's well-being, safety, physical condition whilst on the trip
- Parents are also responsible for informing the school at any point of any changes in circumstances (medical including mental health concerns). This should be done at the earliest possible date (when the concern becomes apparent). A risk assessment will then be conducted which could impact on the student being able to participate on the school trip or visit (please see above)

- **Within one week of the closing date for receipt of consent forms for all school visits and journeys, internal discussions should begin with the Trip Leader completing the Vulnerable Students Risk Assessment and discussing the medical conditions and any associated risks of vulnerable students with the relevant HoL**
- Once this has taken place, this form should be sent to the Assistant Headteacher – Behaviour, Attendance and Enrichment, for further discussion with the AHP/DH6thForm. The reasons for this is to make parents aware of any concerns/individual changes/risk assessments that are needed to include the student on the trip
- Following internal discussion and comprehensive risk assessment, if there is the likelihood of a problem, the student and his/her parents will be invited in to meet with the Trip Leader and the Assistant Headteacher – Behaviour, Attendance and Enrichment.

Vulnerable Students Risk Assessment - Factors to consider for assessing a student's eligibility for a school trip (the list is not exhaustive):

- The student may be unable to fully participate in activities during a residential trip.
- If the student's mental health concerns cannot be adequately addressed by accompanying staff, compromising the safety of the student, the staff or other students.
- It would be unreasonable to expect a host family abroad to accommodate a student with worsening medical needs.
- Safety concerns arise due to the student requiring frequent individual attention, affecting staff-to-student ratios.
- The student's needs could disrupt trip schedules and transportation commitments.
- Separate programming for the student could impact safety due to staffing constraints.
- The burden on other students who would become caregivers may be unreasonable.
- Any other relevant reason concerning the individual.

In the event of the student's GP/psychiatrist/therapist/CAMHS stating that it is safe for the student to participate safely, the school **may** still need to veto this participation depending on whether the adjustments that have to be made to include the student are "reasonable" in the context of the trip, the staff/student ratio and impact on staff and other students. The

Essential medicines will be administered on Educational Visits, subject to the conditions that apply were the student in school (outlined in section 13: Medicines). Medication to be administered would also form part of the risk assessment. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Named members of staff will give medicines to the student. Before administering any medicine, staff must check that the medicine belongs to the student, must check that the dosage they are giving is correct, and that written permission has been given.

Complaints

Should parents be unhappy with any aspect of their child's care at The Latymer School they must discuss their concerns with the SAHT/DH6thForm in the first instance. If this does not resolve the problem or allay concern, the problem should be brought to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Latymer School Complaints Policy.

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APPENDIX 1 - Parental agreement for a school to administer medicine

Medicine Administering Form

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

To be used for prescribed and non-prescribed medicine.

NB: Medicines must be in the original container as dispensed by the pharmacy and must be brought in and collected by the parent

Name of student	
Date of birth	
Form Group	
Medical condition/illness	
Name of Medicine (as described on container)	
Expiry Date	
Dosage and method	
Timing	
Special instructions/precautions	
Any side effects school should be aware of?	
Self-administered – Y/N	

CONTACT DETAILS:

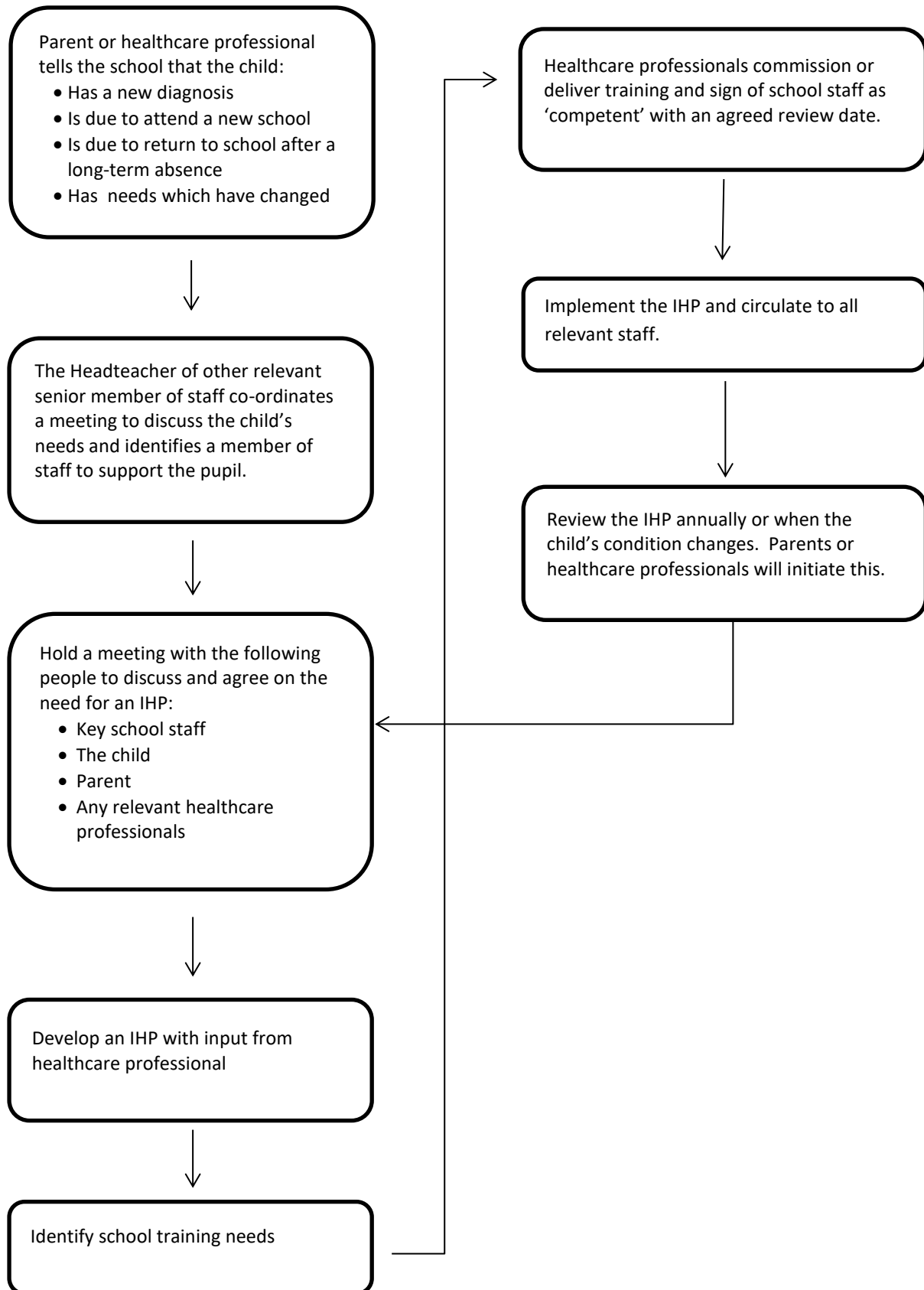
Parent/Carer Name	
Daytime telephone No.	
Relationship to student	
Address	
I understand that I must deliver medicine to	Latymer School Welfare Officer
Date of Review	
Reviewed by	
Any further notes/comments	

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

Signature(s):

Date:

APPENDIX 2: Individual Healthcare Plan Implementation Procedure



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APPENDIX 7 - Individual Healthcare Plan - Anaphalxis

Individual Healthcare Plan – Anaphalxis

Name of Student	
Form Group	
Date of Birth	
Child's address	
Name of parent/carer	
Medical Diagnosis	Anaphalaxis
Date	
Review Date	

Family Contact Information

Name	
Phone Number	
Work:	
Home:	
Mobile:	
Name	
Relationship to Child	

Phone Number	
Work:	
Home:	
Mobile:	

Clinical/Hospital Contact Information

Name	
Phone Number	

G.P

Name	
Phone Number	

Who Is Responsible for Providing Support in School

Name	
------	--

Describe medical needs	
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:	
<ul style="list-style-type: none"> • self-administered • with/without supervision 	
Daily Care Requirements	<ul style="list-style-type: none"> • Understands and manages his/her own health care needs and recognises symptoms • Carries own epi-pen (adrenaline). • Understand which allergen should be avoided. <p>Student is allergic to the following:</p>
Specific Support for the Students Educational, Social and Emotional Needs	
Any adjustments to teaching/learning?	

Arrangements for School Visits/trips etc.	
---	--

Other Information	
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Describe what constitutes an emergency, and the action to take if this occurs	<p>What constitutes an emergency:</p> <p>Student may exhibit the following symptoms:</p> <p>Action to Be Taken:</p> <ul style="list-style-type: none"> • Student should not be moved. • Student should administer own adrenaline pen if possible • Contact Welfare Officer who will contact parent/carer • After 10 mins, if symptoms are still present, repeat treatment.
Who is responsible in emergency (state if different for off-site activities)?	

Care Plan Developed with	
--------------------------	--

Staff Training needed/undertaken Who? What? When?	
---	--

Form Copied to	
----------------	--

Parent/Carer Signature.....

APPENDIX 4 – Medication Register

Name of Student.....

Medication Provided

Date	Name of person who brought medication	Medication Name	Amount supplied	Expiry Date	Dosage regime	Received by

Medication Administered

Date	Medication	Dosage	Amount left	Time	Administered by	Side effects	Comments/Action

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APPENDIX 5 - Individual Healthcare Plan - Asthma

Individual Healthcare Plan – Asthma

Name of Student	
Form Group	
Date of Birth	
Child's address	
Name of parent/carer	
Medical Diagnosis	Asthma
Date	
Review Date	

Family Contact Information

Name	
Phone Number	
Work:	
Home:	
Mobile:	
Name	
Relationship to Child	

Phone Number	
Work:	
Home:	
Mobile:	

Clinical/Hospital Contact Information

Name	
Phone Number	

G.P

Name	
Phone Number	

Who Is Responsible for Providing Support in School

Name	
------	--

Describe medical needs	
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:	
<ul style="list-style-type: none"> • self-administered • with/without supervision 	
Daily Care Requirements	Normal Peak Flow: Medication: Location of spare reliever inhaler:
Specific Support for the Students Educational, Social and Emotional Needs	
Any adjustments to teaching/learning?	

Arrangements for School Visits/trips etc.	
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Other Information	
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Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in emergency (state if different for off-site activities)?	

Care Plan Developed with	
--------------------------	--

Staff Training needed/undertaken	
Who?	
What?	

When?	
-------	--

Form Copied to	
----------------	--

Parent/Carer Signature.....

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APPENDIX 6 - Individual Healthcare Plan - Diabetes

Individual Healthcare Plan – Diabetes

Name of Student	
Form Group	
Date of Birth	
Child's address	
Name of parent/carer	
Medical Diagnosis	Diabetes
Date	
Review Date	

Family Contact Information

Name	
Phone Number	
Work:	
Home:	
Mobile:	
Name	
Relationship to Child	

Phone Number	
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Work:	
Home:	
Mobile:	

Clinical/Hospital Contact Information

Name	
Phone Number	

G.P

Name	
Phone Number	

Who Is Responsible for Providing Support in School

Name	
------	--

Describe medical needs	
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	

<p>Contra-indications</p> <p>Administered by:</p> <ul style="list-style-type: none"> • self-administered • with/without supervision 	
Daily Care Requirements	<ul style="list-style-type: none"> • Understands and manages his/her own health care needs • Carries fruit juice and glucose tablets in case he/she becomes hypoglycaemic. (Spare fruit juice and glucose tablets are kept in the medical room) • Carries his/her own monitoring equipment and should check blood glucose level before lunch. • He/she will also check BG level before PE (using the PE staff office) and take appropriate action. • Will be issued with a lunch pass enabling him to eat without queue delays
Specific Support for the Students Educational, Social and Emotional Needs	
Any adjustments to teaching/learning?	

Arrangements for School Visits/trips etc.	
---	--

Other Information	
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Describe what constitutes an emergency, and the action to take if this occurs	<p>What constitutes an emergency:</p> <p>If student has low blood sugar, action must be taken. He/she is experienced in recognising the signs and will usually be able to take appropriate action independently.</p> <p>Signs of low blood sugar (below 4mmol/l) include: Paleness, Palpitation, Irritability, Headache, Sweating, Confusion, Crying, Dizziness, Shakiness, Lack of concentration, hunger, Weakness</p> <p>Action to Be Taken:</p> <p>Student should be allowed to have his/her glucose tablets and/or fruit juice wherever he/she is.</p> <p>Contact Welfare Officer who will contact parent/carer.</p> <p>After 10 mins check BG level.</p> <p>If still below 4 mmols, repeat treatment.</p>
---	--

	<p>If above 4mmols, student may return to class if parent/carer agrees.</p> <p>If the student does not respond to treatment, an ambulance must be called.</p>
Who is responsible in emergency (state if different for off-site activities)?	

Care Plan Developed with	
--------------------------	--

<p>Staff Training needed/undertaken</p> <p>Who?</p> <p>What?</p> <p>When?</p>	
---	--

Form Copied to	
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Parent/Carer Signature.....

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APPENDIX 7 - Individual Healthcare Plan - Anaphalxis

Individual Healthcare Plan – Anaphalxis

Name of Student	
Date of Birth	
Name of parent/carer	
Daytime telephone No.	
Medical Diagnosis	Anaphalaxis
Emergency Plan	<p>What constitutes an emergency:</p> <p>Student may exhibit the following symptoms:</p> <p>Action to Be Taken:</p> <ul style="list-style-type: none">• Student should not be moved.• Student should administer own adrenaline pen if possible• Contact Welfare Officer who will contact parent/carer• After 10 mins, if symptoms are still present, repeat treatment.
Necessary adjustments to teaching	
GP Name	
Surgery Address	
Surgery Phone No.	
Specialist nurse/doctor	
Hospital Name	
Hospital Address	

Hospital Phone No.	
Daily care requirements	<ul style="list-style-type: none"> • Understands and manages his/her own health care needs and recognises symptoms • Carries own epi-pen (adrenaline). • Understand which allergen should be avoided. <p>Student is allergic to the following:</p>
Who is responsible in emergency?	
Follow up care	
Date Care Plan completed	
Date for Review	

Parent/Carer Signature.....