CHILD WITH HEALTH NEEDS

Title:	CHILD WITH HEALTH NEEDS
Procedure Code:	MC POLICY
Source:	RGTS
Document Owner:	Deputy Headteacher (Inclusion)
Review & Update By:	Assistant Headteacher Safeguarding & Attendance
Advisory Committee:	School Committee
Approval Committee:	School Committee
Date Approved:	October 2024
Date of Publication:	October 2024
Date of Next Review:	October 2026
Required on Website:	Yes

0. Document Control

The table below contains the changes made between the different final editions of this document set for approval. This is to help provide information to those reviewing and approving the document of the changes being made.

Document Edition	Section	Details of change
October 2024	2	Updated scope of policy – policies to be read with amended
October 2024	16	Updated students who become unwell during the school day
October 2024	17	Updated record keeping
October 2024	Appendix 1	Updated key members of staff referenced
March 2022	2	Student Mental Health and Wellbeing Policy added
March 2022	2,3,4	Titles amended
March 2022	4	Roles and Responsibilities updated
March 2022	5,7,8,9,11,14, 15, 17	Staff names removed
March 2022	14	Change to the Mental Health provisions: removal of Grief & Bereavement Specialist and RBG Outreach Learning Mentor to Social and Academic Mentors and commissioning onsite couselling provision
March 2022	17	Title amended
March 2022	Appendix 1	Names of responsible staff added
March 2022	Appendix 1a	Removal of the Covid-19 Addendum
3	2	Bullet points added showing due regard to legislation and statutory guidance
3	4	Roles and Responsibilities updated
3	8	Added section entitled First Aiders
3	9	Added section Accomodation
3	11	Bullet point added regarding storrage and administration of students with EHC plans where approriate.
3	14	Bullet point added linking to Emergency response to medical conditions section of policy.
3	15	Paragraph added relating to regualr re-evaluation of first aid provision
3	15	Added sentence and bullit points regarding maintannce and provision of first aid items and bullit points regarding first aid stock
3	19	Paragraph added regarding staff undertaking trips or events assess first aid provision and complete a risk assessment Bullet points added showing specific first aid box requirements.
4	23	Update of Key Members of Staff Referenced section

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1. Definitions

- A “School” refers to the individual academies within the Trust. Depending on the context this may refer to a singular academy or to all of the academies within the Trust but as separate entities.
- The “Staff” refers to any individual who is employed by the school or who operates on the schools’ behalf, e.g. Trustees and Governors.
- A “Parent” includes the natural or adoptive parent of a students as well as any non-parent / carer who has parental responsibility including being involved in the day to day care of a student.
- Royal Greenwich Trust School uses the term ‘parents’ to signify parents and/or carers, i.e. all those who have parental responsibility for a child or young person.
- A “Student” includes any incoming or current student at any School within the Trust. It also includes any individual who was previously a student at any School within the Trust and who has left within the appropriate timeframe for consideration as necessary, e.g. complaints.
- The “Headteacher” is defined as the individual who has ultimate responsibility for a school. Individual schools may have alternative titles such as Executive Headteacher. A list of roles can be found in Appendix 1.

2. Scope of the Policy

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2015) ‘Supporting students at school with medical conditions’
- DfE (2019) ‘Automated external defibrillators (AEDs)’
- DfE (2021) ‘Statutory framework for the early years foundation stage’
- DfE (2022) ‘First aid in schools, early years and further education’

This policy should be read in conjunction with the following:

- Accessibility Policy
- Admissions Policy
- Equality and Diversity Policy
- Student Mental Health and Well-Being Policy

3. Policy Aims and Ethos

The aim of this policy is to outline procedures to ensure that:

- Every student, member of staff and visitor will be well looked after in the event of an incident or accident, no matter how minor or major.
- Students with physical and mental health medical conditions are supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential, in line with *"Supporting Students at School with Medical Conditions, Statutory Guidance" (DfE, April 2014, updated December 2015 & August 2017).*

4. Roles and Responsibilities

The governing board is responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for students and others complies with the relevant legislation and guidance.
- Ensuring that an 'appointed person' is selected from amongst staff to take the lead in first aid arrangements and procedures for the school.

The headteacher is responsible for:

- The development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.

- Ensuring that all students and staff are aware of the identities of the school first aiders and how to contact them if necessary.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Students will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of students with medical conditions.

School staff will be responsible for:

- Providing support to students with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a student with a medical condition needs help.

Greenwich School Nursing Team

- Appoint a named person responsible for supporting and advising the School on the development of IHCPs

The school nurse will be responsible for:

- Notifying the school at the earliest opportunity when a student has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for students with medical conditions.

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to students' needs, and that health services are able to cooperate with schools supporting students with medical conditions.
- Making joint commissioning arrangements for EHC provision for students with SEND.

- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for students who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable students.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.
The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for students with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that students with medical conditions can attend school full-time.

Where a student is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the student is unlikely to receive a suitable education in a mainstream school.

5. Admissions

Admissions will be managed in line with the school's Admissions Policy.
No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.
The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

6. Medical Alert Handbook

Students with known medical conditions, who may require medical intervention during the school day by a staff member, are entered into the **Medical Alert Handbook** with consent from parents/carers.

The Medical Alert Handbook has been provided by Oxleas School Nursing Service and is overseen by the School Nurse and the DPL. The Medical Alert Handbook is shared amongst all school staff and school nursing personnel, providing vital medical information on individual students.

The Medical Alert Handbook will be kept confidential for staff use only. Staff will receive annual training on key conditions contained in the Medical Alert Handbook. The Medical Alert Handbook is reviewed and updated throughout the year.

Information contained within the Medical Alert Handbook is written with input from all the relevant parties including medical professionals, School Nurse, School staff and parents/carers. The following information is recorded in the Medical Alert Handbook:

- The name and year group of the student and photo if required
- Information on the medical condition, triggers, signs, symptoms and treatments
- The level of support and intervention required: if it has been agreed that a student is self-managing their medication, this is clearly stated
- Actions to take in an emergency.

Some students may have a separate Individual Health Care Plan which includes additional details not contained within the Medical Alert Handbook. If this is the case this is indicated next to the students details in the Medical Alert Handbook.

7. Notification procedure

When the school is notified that a student has a medical condition that requires support in school, the school nurse will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the student, with a view to discussing the necessity of an IHP, outlined in detail in the IHCPs section of this policy.
The school will not wait for a formal diagnosis before providing support to students. Where a student's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.
For a student starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a student joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

8. Individual Healthcare Plans (IHCPs)

In addition to the Medical Alert Handbook, some students with more complex medical needs will have an Individual Healthcare Plan (IHCP) held in Student Services and shared with key staff. The school will work with the relevant healthcare professionals, the school nurse, parents/carers and the young person to decide when a healthcare plan would be appropriate and proportionate.
The format of the IHCP may vary depending on the needs of the individual but aims to capture the key information and actions that are required to support the young person in school effectively. This should include:

- The medical condition, triggers, signs, symptoms and treatment

- Needs arising from the medical condition e.g. medication, equipment, access to facilities or special arrangements
- Agreed arrangements for management of medication, including self-management where appropriate
- Response to emergencies.

IHCPs should be reviewed annually or when the condition changes, in conjunction with a relevant healthcare professional. **It is the parent or carer's responsibility to provide the school with up-to-date information about their child's medical condition.**

NB: whilst the production and on-going review of the IHCP is completed in partnership with parents/carers, young person and relevant healthcare professional, the school maintains the responsibility of ensuring the plan is finalised and put into practice.

9. Staff Training

- Where required, e.g. identified in the Medical Alert Handbook/IHCP, members of staff providing support to a student with specific medical needs will receive suitable training. This training is recorded on the Medical Needs Training Record.
- The Medical Needs Training Record includes a record of staff who have received first aid training and the date of renewal.
- General staff training linked to the Medical Alert Handbook and the school policy is delivered annually and the School Nurse (Oxleas NHS Trust) and forms part of on-going Safeguarding training and briefings. This will be recorded on the Medical Needs Training Record.

10. Self-management

Following discussion with parents, students who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.
Where possible, students will be allowed to carry their own medicines and relevant devices. Where it is not possible for students to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.
If a student with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that students and staff know who they must contact in the event of illness or injury.

The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Availability to respond immediately to an emergency.

The school will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Students will be supported in accordance with the school's Social, Emotional and Mental Health (SEMH) guidance.

11. Accommodation

The school's first aid room will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.
The first aid room will be used to enable the medical examination and treatment of students and for the short-term care of sick or injured students. The first aid room includes a wash basin and is situated near a toilet.
The first aid room will not be used for teaching purposes.
The first aid room will:

- Be large enough to hold an examination or medical couch.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

12. Management of specific medical conditions

In discussion with parents / carers, students who are competent will be encouraged to take responsibility for managing their own medicines and procedures and where relevant, this should form part of the IHCP or similar planning document e.g. Medical Alert Handbook. This is particularly relevant in terms of long-term conditions such as diabetes, where self-management is key to maintaining a student's independence and emotional wellbeing.

DIABETES: For many young people with diabetes, holding their own medication/equipment is central to their self-management of the condition and Diabetes UK advises against any blanket

approach that does not take account of the needs and wishes of the young person. The student's management of the condition will be laid down in the Medical Alert Handbook, as agreed with the school, parent or carer, school nurse and diabetic nurse.

ASTHMA: Students should carry their own reliever inhaler at school and keep this in their possession, for relief of symptoms and in the event of an asthma attack. Should a parent/carer wish to hold an additional inhaler in school, this should be handed in to the Main School Office in date and clearly labelled, marked for the attention of the person responsible for safe and secure storage and administration of medicines.
It will then be stored securely within RGTS's Medical Room. It is the parent's / carer's responsibility to ensure that the inhaler held in school remains in date. If a student with asthma requires additional support, this can be facilitated within school through the school nurse, following contact from parents*. (Guidance of the use of emergency salbutamol inhalers in school, March 2015, Department of Health)*

ANAPHYLAXIS: students should carry their own auto-injector with them at all times. A second autoinjector is held in the Medical room. **It is the parent's responsibility to ensure that students carry their own auto-injector and that spare auto-injectors held in school are in date and to provide new ones before the expiry date.**

The School holds **emergency auto-injectors**. These can be given in an emergency to those with diagnosed anaphylaxis or to those with other allergies who are experiencing symptoms of anaphylaxis, but **only where consent has been given by a parent/carer and a G.P**. Consent can only be given through completion of the **Allergy Action Plan** provided by the School. Where consent has been given, this will be recorded in the Medical Alert Handbook.

NUT ALLERGY AWARENESS: With the co-operation and support of our parents/carers, students and staff, RGTS is a **"Nut-Aware"** school: whilst we strive to eliminate nuts from the school environment, we cannot provide an absolute guarantee that no nuts or nut-based products will be brought onto the school premises.

Students with any form of food-based allergy or intolerance can seek advice direct from the Canteen Manager who may be able to accommodate individual requirements wherever possible.

13. Managing other medication on the school site

- Medicines should only be administered at school when it would be detrimental to a young person's health or school attendance not to do so: where possible, medication should be administered before or after school in the home environment.
- Unless an agreement is in place (see specific conditions outlined above) medication required in school should be handed into Student Services. The School will only accept medication that is in-date, clearly labelled with the student's name, provided in the original container (as dispensed by a pharmacist) and including instructions for administration, dosage and storage as part of the written consent given by parent/carer. Where necessary, verbal consent can be given and will be recorded by the school.

- No young person under 16 should be given prescription or non-prescription medicines by a member of RGTS staff, without their parent's consent.
- A young person under 16 will never be given medicine containing aspirin unless prescribed by a doctor.
- Prescribed medication should never be administered without first checking dosage and when the previous dose was taken. A record of medication administered is held, including name of member of staff, student name, date, time and dosage: the person responsible for ensuring this record is maintained is the Designated Policy Lead.
- It is the parent/carer's responsibility to ensure that any medications held in school are in date and replacements provided prior to medication passing its use-by date.
- All medicines are stored safely with regular checks to make sure they remain within the expiry date: the person responsible for ensuring correct procedures are in place is the Designated Policy Lead.
- Where held by the school, students will know where their medicines are at all times and be able to access them quickly. Emergency medications e.g. auto-injectors are kept in the medical room.
- Students will have any medication stored and, where appropriate administered, in accordance with their EHC plans and the school's Administering Medication guidance

14. Generic medication available in school

Supplies of paracetamol and antihistamine are held in school to be administered to students when required, but only with the consent of parent/carer. As with other medication, staff will check when the previous dose was given and a written record including time and dosage is made each time medication is administered. The maximum dose as suggested on the original packaging must be checked and adhered to and all generic medicines used in school must be within the expiry date.

15. Controlled drugs

- Controlled drugs e.g. morphine, that have been prescribed for a student and provided by parents will be securely stored in the locked controlled drugs cabinet in Student Services. Only named staff should have access as identified in the IHCP/Medical Alert Handbook. Controlled drugs should be easily accessible in an emergency: The Premises Team can access the controlled drugs cabinet outside usual school hours in an emergency if required.
- As above, a record will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.

When no longer required, medicines will be returned to the parent to arrange for safe disposal or if not possible, will be disposed of through a local chemist. If required, sharps boxes will be used for the disposal of needles and other sharps. The person responsible for ensuring correct procedures are in place for disposal of out-of-date medications is the Designated Policy Lead.

16. Students who become unwell during the school day

- Where appropriate, students may remain aside Student Services or in the medical room for a period of time for monitoring or may be sent back to lessons with a note in their planner, to inform teachers that they are not feeling well
- Where a student needs to go home due to being unwell, the parent/carer will be contacted to plan for their child to be collected: students will not be sent home unaccompanied and will remain in the medical area until collected from main reception or until the end of the school day.
- The school will manage any emergencies relating to illnesses and allergies in accordance with the **Emergency response to medical conditions** section of this policy.

17. Record Keeping

Where first aid is administered, this is recorded on a data tracking sheet and CPOMS (see appendix 4), a confidential online platform. Details include date, time, student name, reason, action taken and staff name. More serious incidents or accidents are reported on CPOMS and the school's Health and Safety Officer, Kurt Ringmo, will also be alerted.

18. Mental Health Provision

Royal Greenwich Trust School places a high precedent of our students' mental health and well-being.

Students engage in a spectrum of opportunities to raise and sustain their mental health and well-being, including informing them of how to access support, most significantly Kooth Online https://www.kooth.com/

These opportunities include; a strong pastoral / Form Tutor programme, Assemblies, weekly Character Development Lessons, time with RGTS Social and Academics Mentors and events to celebrate days / weeks such as Mental Health Awareness Week.

Furthermore, RGTS commissions an onsite counsellor / counselling service, as well as fully utilising our core hours from our CAMHS Link worker and facilitating fantastic organisations such as the YMCA to deliver individual and small group work.

Where necessary students are also referred to CAMHS and a wide variety of other local and national support services.

Teachers are able to refer students for our onsite provisions through our internal referral forms and key members of staff meet weekly for an Inclusion Panel Meeting where student referrals are discussed and agreed. These provisions are monitored, tracked and triangulated with attendance and Behaviour data, to ensure high value impact by the DPL.

19. First-Aid Provision

Parents/carers must seek professional medical advice/attention if they have concerns about their child: first-aiders are not medically trained professionals. The term 'First Aider' refers to those members of the school community who are in possession of a valid 'First Aid at Work' or 'Emergency First Aid at Work' certificate or equivalent. First Aid provision must be available while people are on school premises and also off the premises whilst on school visits *(DfE - Guidance on First Aid for Schools).*

The school will routinely re-evaluate its first aid arrangements, at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of students and staff throughout the school.

The DPL, supported by the Head of School Administration, Health and Safety Officer will:

- Ensure posters are displayed in key areas across the school with up-to-date information on qualified first-aiders and location of first aid kits
- Oversee maintenance of first aid kits across the school site
- Oversee formal investigation and reporting of accidents including RIDDOR (Reporting of Injury, Diseases and Dangerous Occurrences Regulations)
- Develop and review Personal Emergency Evacuation Plans (PEEPS) for students with restricted mobility
- Ensure there are appropriate numbers of trained first-aiders on site to meet the School's needs.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

All first aid containers will be identified by a white cross on a green background.
The appointed person will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

Where an after-school event is being organised, it is the responsibility of the event organiser to ensure a first aider is available on site in liaison with the Senior Leadership Team.

20. Emergency response to medical conditions

- Training delivered in conjunction with the Medical Alert Handbook indicates what actions should be taken in a medical emergency, supported by flow charts displayed in key areas (for diabetes, seizure, anaphylaxis, asthma, sickle cell).
- Where a student has an entry in the Medical Alert Handbook/IHCP, this will clearly define what constitutes an emergency and explain what to do for that specific individual, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- The first aider will make a balanced judgment as to whether there is a requirement to call an ambulance. In most circumstances, an ambulance would be called by the first-aider attending or a member of the administrative team. However, should an ambulance be called by another member of staff, the main office should be alerted immediately so they can support with the necessary arrangements.

An ambulance will always be called in the following instances:

- In the event of a serious injury or unconsciousness
- In the event of any significant head injury
- Where there is the suspicion that a young person has taken any form of overdose, intentional or unintentional
- Where this is indicated in the Medical Alert Handbook e.g. in relation to duration of seizures.

Parents will be notified in the event that the student requires hospital treatment and where the parents cannot be contacted prior to attendance, the qualified First Aider/Appointed Person/another member of staff will accompany the student to hospital and remain with them until the parent/carer can be contacted and arrive at the hospital.

On occasions, a student may need to be taken to hospital without the support of an ambulance or the parent/carer who may be delayed in getting to the School. In these circumstances, the welfare of the young person is the priority. If it is felt that a delay would be harmful to the young person and with the parent/carer's consent if it can be secured quickly, an appropriate member of staff will use their own vehicle to get to the hospital, supported by another member of staff wherever possible *(see the School's Child Protection and Safeguarding Policy for further information).*

21. Educational Visits

Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

- First-aid provision must be available at all times on school visits and journeys *(Guidance on First Aid for Schools, DfE)*
- Once the students going on the journey have been finalised, trip leaders must use the Medical Alert Handbook to identify specific medical needs of students attending, which should be incorporated into the risk assessment or if an individual risk assessment if required, in liaison with parent/carer/student.
- Supporting students with medical needs must form a key part of staff briefings prior to departure and should be incorporated into information and pre-trip briefings for parents/carers.
- Any medications normally held in school and taken on the trip e.g. auto-injectors, must be signed out with Angela Kelly (Attendance Officer) and returned and signed back in immediately on return.
- Where needed, trip leaders should seek guidance from the DPL, School Nurse or the Senior Leader in charge of Educational Visits.

The school will take a first aid kit on all offsite visits which contains at a minimum:

- A leaflet giving general advice on first aid.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 triangular bandages individually wrapped and preferably sterile.
- 2 safety pins.
- Individually wrapped moist cleansing wipes.
- 2 pairs of disposable gloves.

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- 10 antiseptic wipes, foil packed.
- 1 conforming disposable bandage that is not less than 7.5cm wide.
- 2 triangular bandages.
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile unmedicated ambulance dressings that are not less than 15x20cm.
- 2 sterile eye pads, with attachments.
- 12 assorted safety pins.
- 1 pair of non-rusted blunt-ended scissors.

22. Arrangements for students who are unable to attend school due to medical conditions

Where young people cannot receive a suitable education in mainstream school due to their health needs, the local authority has a duty to make alternative *arrangements (Ensuring a good education for children who cannot attend school because of health needs, DfE, January 2013).* Where a student

is declared “unfit for school” by the appropriate medical professional, a referral is made to the student’s local authority so that provision can be discussed and agreed.

The school maintains a flexible, pragmatic and personalised approach to support students in reintegration to school following an extended period of absence due to medical reasons. This is planned in partnership with parents/carers and the young person and includes advice from medical professionals where relevant.

23. Liability and Indemnity

The governing body will ensure that appropriate levels of insurance are in place to cover staff supporting students with medical needs, including liability cover relating to the administration of medication.

24. Complaints

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint using the school's complaint procedure.

25. Appendix 1 – Key Members of Staff Referenced

- A named governor will be responsible for planning to support students with medical conditions.
- The named person who has overall responsibility for policy implementation is Justice Asafo Adjei Jnr, Assistant Head Teacher; Harvinder Jheeta, Student Services Manager
- The named person who has responsibility for overseeing staff training on medical needs is Justice Asafo Adjei Jnr, Assistant Head Teacher; Harvinder Jheeta, Student Services Manager
- The named Health and Safety Officer is Monique Jamera, UST Operations Manager.
- The named person responsible for storage and administration of medicines is Harvinder Jheeta, Student Services Manger
- The named person who has overall responsibility for the development and review of The Medical Alert Handbook and Individual Health Care Plans (IHCPs) is Harvinder Jheeta, Student Services Manger
- The named person responsible for supporting and advising the School on the development of IHCPs is the allocated school nurse at Young Greenwich Nurse Oxleas NHS: this is in conjunction with the Greenwich School Nursing Team and relevant healthcare professionals e.g. diabetic nursing team, GPs and consultants.

26. Appendix 2 – Parental Consent to Administer Medicine

Name of School	**Royal Greenwich Trust School**
Name of Child	
Date of Birth	
Tutor Group	
Medical Condition or Illness	

Medicine

Name/Type of Medicine *(as described on the container)*	
Expiry Date	
Dosage and Method	
Timing (i.e. every 4 hours)	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-Administration – Yes/No?	
Procedures to take in an emergency	
Is this an ongoing treatment – Yes/No?	
If no – how long will this medicine need to be given for?	

NB: Medicines must be kept 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	*[agreed member of staff]*

Parental Consent Form to Administer Medication to Student

RGTS will not give your child medicine unless you complete and sign this form.

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

Parent/Carer Name ……..

Parent/Carer Signature ……Date……..

Royal Greenwich Trust School

Student Name				Tutor Group		
Date	**Time**	**Medicine**	**Dosage Given**	**Reason Medicine Given**	**Administered by (Staff Code)**	**Signed By (Staff)**

27. Appendix 3 – Medical Administration Record Sheet

28. Appendix 4 - Young Greenwich Nurse Referral Form

Young Greenwich Nurse Referral Form

Please password protect and email to: oxl-tr.snsouth@nhs.net

Person making referral and Designation		School / Agency	
Student name		Pastoral Support Plan if known	
Male / Female		CP concerns I.E. TAC, CAF, CIN, CPP.	
Student date of birth		Ethnic origin	
Student address		Parent / Carers name and contact details	
Year / Class		SEN Level	
Looked After Child	YES / NO	Other Agencies Involved	

Reason for Referral and your expectations of how it might help:

Please provide details of any other interventions either past or current:

Are the Parents / Carers aware of concerns raised in this referral?

Have the parents / carers consented to the referral? YES / NO Verbal / signed Parent / Carer Name and Signature……

General family composition & information:

School attendance if known					
(Please tick)	Very regular	Regular	Irregular	Not regular	Below average
	99-100%	95-99%	90-94%	80-89%	80% or less
Attainment by age related to expectations,					
(Please tick)	Above expected	At expected levels	Below expected levels	Very much below	Serious cause of concern

Referrer's Signature…… Date…….

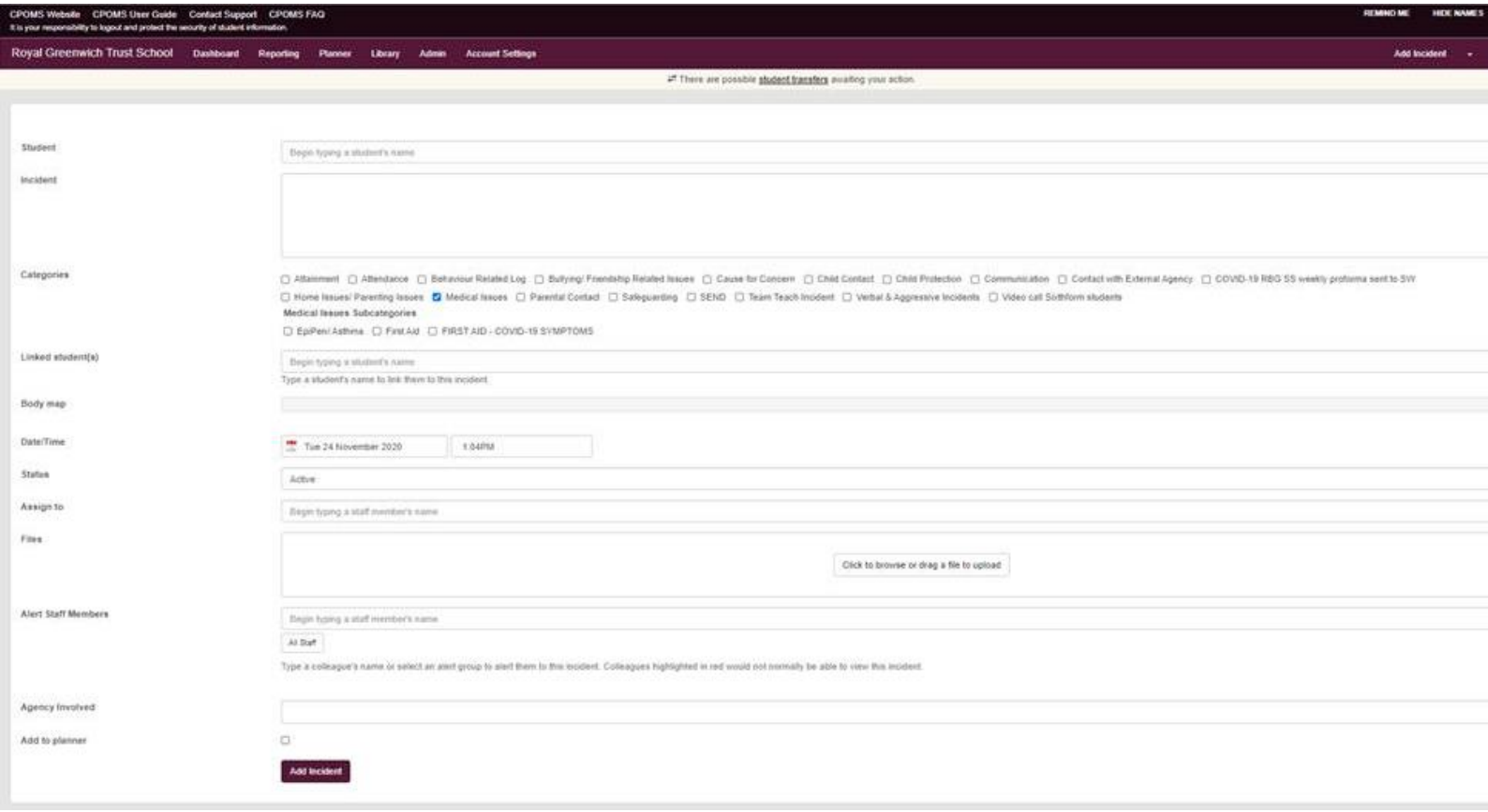
Referrer's contact details and email ……

Young Greenwich Nurse Feedback form

Referral accepted	Yes / No
Date accepted	
Name & designation who accepted	
Noted on RiO (name and date)	
Intervention to be offered	
Date Intervention accepted by YP / family	
Nurse allocated to complete intervention	

Referral declined and reason why	
Date referral sent back and to whom	
Noted on RiO (name and date)	

29. Appendix 5 – CPOMS



30. Approval Signature

Signature of (enter position e.g. Chair) _____

Print name _____

Date _____

Version Control		
Date	Version	Comments
1/10/21	2	Updated policy