



Hawthorn
Learning

Supporting the medical wellbeing of students policy

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1. Purpose of the policy

1.1 Rationale

Hawthorn Learning's number one priority is the wellbeing and needs of its students. This policy sets out the ways that we support students with any medical conditions, or with any threat to their medical wellbeing. This includes supporting students with their medical condition, the administration of medicines for students, and managing emergency medical situations due to illness or injury.

Hawthorn Learning will undertake to ensure compliance with the relevant legislation and guidance in Health Guidance for Schools with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at Hawthorn Learning is held by the Designated Safeguarding Lead.

It is our policy to ensure that all medical information will be treated confidentially. All administration of medicines is arranged and managed in accordance with the Health Guidance for Schools document. All team members have a duty of care to follow and co-operate with the requirements of this policy.

1.2 Aims and objectives

The aims of this policy are to:

- Ensure the health and safety of all team members, students and visitors
- Ensure that team members are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes
- Students, team members and parents understand how we will support students with medical conditions
- Students with medical conditions are properly supported to allow them to access the same learning experience as other students, including trips and activities
- Establish principles for safe practice in the management and a administration of:
 - Prescribed medicines
 - Non-prescribed medicines

- Maintenance drugs
 - Emergency medication
- Provide clear guidance to all staff on the administration of medicines
- Ensure that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- Ensure that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensure the above provisions are clear and shared with all who may require them
- Ensure the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines.

The board of directors will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Tomlin Wilding (Director of Human Needs).

1.3 Terms

Parent Any person with current parental responsibility of a student at the pod.

1.4 Relevant legislation

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy also:

- Meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.
- Is based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

2. Medical wellbeing roles

2.1 Appointed first aiders

Hawthorn Learning's appointed first aiders are Tomlin Wilding and Maz Wilberforce. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:
 - Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
 - Sending students home to recover, where necessary
 - Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix A)
 - Keeping their contact details up to date

2.2 The role of leadership

The board of directors has ultimate responsibility to make arrangements to support students with medical conditions and for health and safety matters in the pod. They will ensure that sufficient team members have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The managing directors will:

- Make sure all team members are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained team members available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all team members who need to know are aware of a child's condition

- Take overall responsibility for the development of IHPs
- Make sure that team members 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
- Ensuring that an appropriate number of first aiders are present at the POD at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all team members are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that team members undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary

2.3 The role of curriculum facilitators

Supporting students with medical conditions during pod hours is not the sole responsibility of one person. Any member of the team may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those team members who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Team members will take into account the needs of students with medical conditions in their learning groups. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

2.4 All team members

All team members are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the appointed first aiders are

- Completing accident reports (see appendix A) for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

2.5 The role of parents

Parents will:

- Provide Hawthorn Learning with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

2.6 The role of students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

2.7 The role of healthcare professionals

Healthcare professionals, such as GPs and consultants might need to liaise with the Hawthorn Learning and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

3. Children with medical conditions

3.1 *Being notified of a student's medical condition*

When Hawthorn Learning is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

We 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 the pod.

See Appendix B

2.2 *Individual Healthcare Plans (IHP)*

The Human Needs Director has overall responsibility for the development of IHPs for students with medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

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

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the board of directors will make the final decision.

Plans will be drawn up in partnership with directors, parents and a relevant healthcare professional, where appropriate, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The board of directors and the Human Needs Director will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The students's resulting needs, including 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 learning session, 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 pod needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents and the directors for medication to be administered by a member of the team, or self-administered by the student during school hours
- Separate arrangements or procedures required for trips or other activities outside of the normal 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

4. Managing medicines

The administration of medicines is the overall responsibility of the parents. The Hawthorn Learning team are responsible for ensuring children are supported with their medical needs whilst at the pod, and this may include managing medicines where appropriate and agreed with parents.

4.1 Administering of medicines

Routine medication

Prescribed

It is our policy to manage prescribed medicines (e.g. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from the parents. Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the day.

Hawthorn Learning will accept prescribed medicines from parents only if they are in-date, labelled, provided in the original container as dispensed by a pharmacist, and include instructions for administration, dosage and storage. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

Non-prescribed

The school will not take responsibility for the administration of non-prescribed medicines, (e.g. Calpol, cough mixtures, hay fever tablets, provided by the parents) as this responsibility rests with the parents. Exceptions can be made if such medicines are included within an Individual Healthcare Plan created in accordance with this policy.

Children under 16 years old are never to be administered aspirin or medicines containing Ibuprofen unless prescribed by a doctor and with written permission from a parent/guardian.

Maintenance

It is our policy to manage the administration of maintenance drugs (e.g. Insulin, Ritalin) as appropriate following consultation and agreement with, and written consent from the parents.

Controlled substances

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Temporary illness medication

If a student is well enough to attend the pod but needs to take medication on a temporary basis, such as completing a course of antibiotics, as long as this is prescribed, we will assist in the administration of this.

Emergency medication

It is our policy (where appropriate) to manage the administration of emergency medicines such as (for example): asthma relievers or injections of adrenaline for acute allergic reactions.

In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted, also with written consent from parent/guardian.

4.2 Procedure for administration

When deciding upon the administration of medicine needs for children we will discuss this with the parents concerned and make reasonable decisions about the level of care required.

Any child required to have medicines will have an 'administration of medicines/treatment' consent form completed by the parent and kept on file.

Individual health care plans will be completed for children where required and reviewed periodically in discussion with the parents to ensure their continuous suitability.

For any child receiving medicines, a 'record of prescribed medicines' sheet will be completed each time the medicine is administered and this will be kept on file with the medication in a locked cabinet in the medical room. If a child refuses to take medication the parents will be informed at the earliest available opportunity.

Parents administering medicines

It is not generally acceptable practice to require parents to attend school to administer medication or provide medical support to their child, or make them feel obliged to do so. If they choose to do so, we will not complete the forms as they have not taken responsibility of the administration. If seen or witnessed, good practice would be to speak to the parent to make them aware of this policy.

Self managed medicines

Students will be supported and encouraged to take responsibility for managing their own medicines and relevant devices if they are competent to do so. Students may carry and self-administer emergency medicines and devices e.g. auto-injectors and asthma reliever where appropriate, provided that their parent/guardian has previously completed the form 'Request for child to carry his/her own medicine' (Appendix C).

If Hawthorn Learning has received a form from the parents stating that the student is competent to administer their own medication then we do not need to complete a record of administration each time the student uses their medication, unless it is an emergency.

5. Emergencies and first aid

5.1 First aid procedures

On-site procedures

In the event of an accident resulting in injury or illness that constitutes an emergency:

- The closest team member present will assess the seriousness of the injury/illness and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury/illness and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- The first aider will also decide whether the injured/ill person should be moved or placed in a recovery position
- If the first aider judges that a student is too unwell/injured to remain at the pod, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents, such as seeking medical advice
- If emergency services are called, a director will contact parents immediately
- The first aider who provided aid to the child will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit including, at 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
- Information about the specific medical needs of students
- Parents' contact details

When transporting pupils using a minibus or other large vehicle, Hawthorn Learning will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

There will always be at least one first aider on school trips and visits.

5.2 First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (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 sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

First aid kits are stored in:

- Vehicles used for pod visits
- The pod kitchen
- The pod office

No medication is kept in first aid kits.

5.3 First aid record-keeping and reporting

First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix A
- A copy of the accident report form will also be added to the pupil's educational record by the Human Needs Director
- Records held in the first aid and accident book will be retained by Hawthorn Learning for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Reporting to the HSE

The Education Director will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Education Director will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - a. Covers more than 10% of the whole body's total surface area; or
 - b. Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalding requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the [job title of relevant member of staff] will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent

- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE

<http://www.hse.gov.uk/riddor/report.htm>

Notifying parents

A team member will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called.

5.4 Emergency medical situations

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity.

Team members will follow the normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, a team member will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

6. Further rights and responsibilities

6.1 Medical accommodation

As the pod is small at present, we do not have a designated medical room. Students who are unwell or receiving care can do so in a number of locations depending on the nature of the illness or injury. These locations are:

- In the rear learning room in the chair or on the cushioned area
- In the main learning room on the sofa
- In the office

6.2 Training

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional advice and guidance from a competent source will be sought before commitment to such administration is accepted.

First Aid certificates will be held by specified team members who receive training and will also receive refresher training which will be scheduled annually or every three years depending on which applies to team members.

All team members are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. Hawthorn Learning will keep a register of all trained first aiders, what training they have received and when this is valid until.

Hawthorn Learning will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, we will arrange for team members to retake the full first aid course before being reinstated as a first aider.

6.3 Storage

The storage of medicines is the overall responsibility of the Designated Safeguarding Lead, who will ensure that arrangements are in place to store medicines safely.

If emergency medicines and devices such as asthma inhalers, blood glucose testing metres and epipens cannot be carried by the students themselves, e.g. in Early Years settings or where the students are not competent (or do not have parental permission) to manage their own medicines, they should always be readily available and not locked away. Students should know where their medicines are at all times and be able to access them immediately.

Medicines that require refrigeration will be kept in their own refrigerator with an uninterrupted power supply in a safe and secure location. Staff will be made aware that it is not acceptable to store medicine alongside food in any circumstances.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that any received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

6.4 Disposal

It is not the responsibility of the school to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required, including those which have date-expired, are returned to a pharmacy for safe disposal.

7. Policy administration

7.1 Monitoring and Review

This policy will be reviewed by a director annually.

At every review, the policy will be checked and approved by the another director.

7.2 Record keeping

The board of directors will ensure that written records are kept of all medicine administered to students for as long as these students are at the pod. Parents will be informed if their student has been unwell at the pod.

IHPs are kept in a readily accessible place which all team members are aware of.

7.3 Liability and indemnity

The managing directors will ensure that the appropriate level of insurance is in place and appropriately reflects the pod's level of risk.

The details of the Hawthorn Learning's insurance policy are:

7.4 Related policies, procedures and documents

- Accessibility policy
- Complaints procedure
- Equality and diversity policy
- Health and safety policy
- Safeguarding policy
- SEND policy

Appendices

Appendix A Being notified a child has a medical condition process

APPENDIX A

condition

Being notified a child has a medical

