

Supporting Students with Medical Needs Policy



MINERVA'S
virtual academy

INTRODUCTION

Minerva's Virtual Academy (the School) is committed to fully supporting students with medical conditions and this policy is written in line with the requirements of:

- [Supporting Pupils with medical conditions at school](#), DFE December 2017

The Children and Families Act 2014 includes a duty for schools to support children with medical conditions. Where students have a disability, the requirements of the Equality Act 2010 will also apply. Where students have an identified special need, the SEN Code of Practice will also apply.

All students have a right to access the full curriculum, adapted to their medical needs, and to receive the on-going support, medicines or care that they require at MVA to help them manage their condition and keep them well.

It is recognised that medical conditions may impact on social and emotional development as well as having educational implications.

MVA will work with healthcare professionals and other agencies in order to support effectively students with medical conditions.

1. ROLES AND RESPONSIBILITIES

1.1. Admission and Operations Teams will ensure relevant medical information is included in the students' profile in iSAMs which will inform relevant staff of medical conditions. The mentor will be the designated named person responsible for informing the Operations Team to keep records updated and any relevant incidents of a medical nature will be recorded on CPOMs;

1.1.1. As students learn online, training for identified staff will be minimal; however, it will be included as part of a risk assessment for trips and meets, and the trip leader will liaise with parents as needed so the appropriate support is available; this will be sufficient to ensure staff are competent and have confidence to fulfil the requirements set out individual health care plans (IHCPs).

1.1.2. The Mentor/Head of Year will be supported by the Vice Principal Pastoral in developing, monitoring and reviewing IHCPs as required and work together with parents, students, healthcare professionals and other agencies.

1.2. The Principal is responsible for:

1.2.1. Overseeing the management and provision of support for students with medical conditions;

1.2.2 Ensuring that risk assessments are carried out for academy visits and other activities outside the normal timetable;

1.3. Teachers/mentors are responsible for:

1.3.1. The day-to-day management of the medical conditions of students they work with, in line with any IHCPs;

N.B. Any teacher or support staff member may be asked to provide support to a student with a medical condition, including administering medicines. However, no member of staff can be required to provide this support. Staff must not give prescription medicines or undertake health care procedures without appropriate training.

2. PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A STUDENT HAS A MEDICAL CONDITION

2.1. The named person (mentor/Head of Year) will liaise with relevant individuals including, as appropriate, parents, the individual student, health professionals and other agencies. Due to MVA being a virtual school, it would usually be the case that we will have limited input into IHCPs, but can advise on virtual support and processes as relevant.

3.2. An IHCP will help to ensure that MVA effectively supports students with medical conditions.

3.1.1. In most cases, students who require an IHCP will join MVA with an IHCP in place and it can be amended for students learning remotely. It will clarify what needs to be done, when and by whom.

3.1.2. It will be drawn up using the templates available with the DFE statutory guidance on 'Supporting pupils with medical conditions at school'

3.2 Where a student has SEND but does not have a statement or HCP, their special educational needs will be mentioned in their HCP

3.3 IHCPs will be reviewed annually, or earlier if evidence is provided that a student's needs have changed. They will be easily available to all who need to refer to them, whilst preserving confidentiality.

4. ADMINISTERING MEDICINES: N.B. This will apply to trips and visits only:

Reasonable adjustments will be made to enable students with medical needs to participate fully and safely in day trips, residential visits. When carrying out risk assessments, parents/carers, students and healthcare professionals will be consulted where appropriate.

4.1. Written consent from parents must be received before administering any medicine to a student at MVA.

4.2. Medicines will only be accepted for administration if they are:

Prescribed; In date; Labelled; Provided in the original container, as dispensed by a pharmacist, and they include instructions for administration, dosage and storage. Inside The exception to this is insulin, which must be in date but will generally be available as an insulin pen or pump, rather than in its original container.

4.3. Medicines should be stored safely. Students should know where their medicines are at all times.

4.4. Written records will be kept of all medicines administered to students.

4.5. Students who are competent to manage their own health needs and medicines will be allowed, after discussion with parents/carers, to carry their own medicines and relevant devices, or will be allowed to access their medicines for self-medication.

4.6. ANAPHYLAXIS AND THE USE OF EPIPENS during external visits.

4.6.1 Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy to food or an insect sting. Anaphylaxis usually develops suddenly and gets worse very quickly. Symptoms include the following:

- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness
- Feeling lightheaded or faint

There may also be other allergy symptoms, including an itchy, raised rash (hives) and angioedema: aswelling underneath the skin, and/or feeling or being sick..

The UK Government guidance Auto Injectors in schools UK Government guidance and the flow chart therein on page 4 should be followed. The key guidance includes the requirement that children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency.

The MHRA recommends that those who have prescribed AAI(s) should carry TWO devices at all times, since some students/staff can require more than one dose of adrenaline, and the possibility that an AAI device can be used wrongly or may occasionally misfire.

Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.

The epipen should be used first and before calling for assistance from the ambulance service, bearing in mind that they may take some time to arrive. Staff must ensure that there is no delay in administering potentially life saving medication.

ACTION IN EMERGENCIES

To request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked:

1. The trip lead telephone number;
2. Your name;
3. Your location [Academy address];
4. The exact location of the patient;
5. The name of the child and a brief description of their symptoms;
6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.
- 4.11. Ask venue staff to contact site staff to open relevant gates for entry.
- 4.12. Contact the parents to inform them of the situation.
- 4.13. A member of staff should stay with the student until the parent/carer arrives.

If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

5. UNACCEPTABLE PRACTICE

5.1. The following items are not generally acceptable practice with regard to students with medical conditions, although MVA will use discretion to respond to each individual case in the most appropriate manner:

5.1.1. Preventing students from accessing their inhalers and medication easily and administering their medication when and where necessary;

5.1.2. Assuming that every student with the same condition requires the same treatment;

5.1.3. Ignoring the views of the student or their parents, or ignoring medical evidence or opinion, (although this may be challenged);

5.1.4. Penalising students for their attendance record if their absences are related to their medical condition - e.g. hospital appointments;

5.1.5. Preventing students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

5.1.6. Preventing students from participating, or creating unnecessary barriers to students participating in any aspect of MVA life, including trips - e.g. by requiring parents to accompany their child.

6. COMPLAINTS

6.1. An individual wishing to make a complaint about actions regarding the MVA's actions in supporting a student with medical conditions should discuss this with the school in the first instance.

6.2. If the issue is not resolved, then a formal complaint may be made, following the school's complaints procedure.

7. EQUALITY IMPACT STATEMENT

MVA will do all it can to ensure that this policy does not discriminate against any individual, directly or indirectly. MVA will do this through regular monitoring and evaluation of policies. On review, the Principal shall assess and consult relevant stakeholders on the likely impact of policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but will not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. MVA will use an appropriate equality impact assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

POLICY DEVELOPMENT AND REVIEW

This procedure is designed to set good practice standards. However, the School recognises that best practice develops over time and, as such, will update it regularly in the light of experience and as a result of changes in legislation or its own internal organisation and policies. The procedure will be subject to a comprehensive review on an annual basis.

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Last Review Date: Reviewed by:	July 2023 Suzanne Lindley and Lawrence Tubb
Next Review Date:	July 2025

