



SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

Policy:	Supporting Students with Medical Conditions Policy
Reviewers:	Exec Team
Approved by:	Pending Ratification
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VERSION CONTROL		
DATE	AUTHOR	CHANGES
April 2020	Adam Cave	Page 3, 2.4 ii added 'and updating'. Page 4, 2.4 addition of points xi and xii. Page 8, addition of 8.1.
June 2021	Adam Cave	No changes
September 2022	Claire Ogden	Vision added to start of policy. Page 4, 2.5 ii additional point added. Page 4, 2.7 minor amendments. Page 8, 9.2 changed health staff to a member of staff.
January 2024	Adam Cave	No changes
March 2024	Adam Cave	Page 4, 2.4 xiii additional point added Page 4, 2.4 xiv additional point added
January 2025	Adam Cave	Page 3, 2.2 v school nurse removed and updated service added Page 3, 2.3 additional responsibilities added Page 4, 2.6 removed – subsequent points renumbered Page 9, section 9 relating to allergies and associated medication Throughout, Governing Body changed to Executive Board

Our vision is to create a distinctively Christian and values driven environment that provides the best start to the 70 or more great years our students should enjoy when they leave our school. Our students should have the opportunity to live life in all its fullness and be good citizens wherever they may be.

1 Principles

- 1.1 We want all our students to take full advantage of the varied opportunities provided by the Academy. Those with medical conditions should therefore expect the best possible support so that they can access and enjoy the same opportunities at the Academy as any other student.
- 1.2 All medical information we receive is treated in confidence subject to our data protection procedures. Relevant staff receive information relating to individuals to promote their safety and wellbeing.
- 1.3 The Children and Families Act 2014, places a duty on schools to make arrangements for supporting students with medical conditions.
- 1.4 Students with special medical needs have the same right of admission to the Academy as other students and cannot be refused admission or excluded from the Academy on medical grounds alone.
- 1.5 Many of the medical conditions of these students will affect quality of life and may be life-threatening. Some will be more obvious than others. The focus will be on the needs of each individual student and how their medical condition impacts on life in the Academy and their ability to learn as well as increase their confidence and promote self-care.

2 Roles and responsibilities

- 2.1 The Executive Board is responsible for:
 - i. developing and implementing this policy;
 - ii. ensuring sufficient staff are suitably trained and competent before they take on responsibility to support students with medical conditions
- 2.2 The Principal is responsible for:
 - i. the day-to-day development and effective implementation of this policy with partners.;
 - ii. ensuring all staff are aware of the policy for supporting students with medical conditions and understand their role in implementation;
 - iii. ensuring sufficient staff are suitably trained and competent before they take on responsibility to support students with medical conditions, including in contingency and emergency situations;
 - iv. ensuring Academy staff are appropriately insured and are aware that they are insured to support students in this way;
 - v. ensuring the school works with the Local Authority, health professionals and support service to ensure that all students with medical conditions received a full education
- 2.3 The SENDCO is responsible for:
 - i. contacting medical professionals where a student with a medical condition requires support that has not yet been identified
 - ii. overseeing cover arrangements in case of staff absence or staff turn over to ensure someone is always available;
 - iii. briefing new or supply staff.

- 2.4 The Health Carers are responsible for:
- i. ensuring that students receive prompt and appropriate first aid and medical care;
 - ii. managing and updating medical records in confidence;
 - iii. issuing and prompting of medications (may be delegated, e.g. for excursions);
 - iv. offering confidential personal counselling to students;
 - v. offering general advice and guidance to students on health-related matters;
 - vi. monitoring individual healthcare plans (IHP);
 - vii. ensuring all relevant staff are aware of the student's condition;
 - viii. contacting the school nursing service in the case of any student who has a medical condition that may require support at the Academy but who has not yet been brought to the attention of the school nurse;
 - ix. working in partnership with parents, student, SENDCO and healthcare professionals;
 - x. advising and supporting staff in the promotion of student care and welfare.
 - xi. Overseeing the production of risk assessments
 - xii. Internal vaccinations via the vaccination team.
 - xiii. Overseeing personal and intimate care and working with students and parents to make suitable arrangements.
 - xiv. The upkeep of the hygiene suite.
- 2.5 Other Academy staff are responsible for:
- i. risk assessments for trips, residential visits and other Academy activities, for which they are the leader;
 - ii. challenging external providers when necessary if a student's medical condition is given as a reason for them not participating in a trip, visit or activity.
 - iii. providing support to students with medical conditions, including prompting of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of the students with medical condition they teach;
 - iv. ensuring they receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions;
 - v. ensuring they know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- 2.6 Other healthcare professionals, including GPs and paediatricians are responsible for:
- i. notifying the school when a student has been identified as having a medical condition that will require support at the Academy;
 - ii. specialist local health teams may be able to provide support in the Academy for students with particular conditions (e.g. disabilities, diabetes).
- 2.7 Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their IHP. Other students will often be sensitive to the needs of those with medical conditions.
- 2.8 Parents should:
- i. provide the Academy with sufficient and up-to-date information about the student's medical needs;
 - ii. be involved in developing and reviewing their child's IHP and may be involved in its drafting;

- iii. carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

2.9 Local Authorities should:

- i. promote cooperation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, their education, training and recreation;
- ii. provide support, advice and guidance, including suitable training to school staff to ensure that support specified within an IHP can be delivered effectively;
- iii. work with schools to support students with medical conditions to attend full time;
- iv. make other arrangements where students would not receive a suitable education in mainstream schools because of their medical needs;
- v. follow statutory guidance by being ready to make other arrangements when it is clear a student will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the academic year).

2.10 Providers of health services should:

- i. cooperate with schools that are supporting students with a medical condition, including appropriate communication, liaise with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training.

2.11 Clinical commissioning groups (CCGs) should:

- i. commission other healthcare professionals such as specialist nurses;
- ii. ensure commissioning is responsive to children's needs and that health services are able to cooperate with schools supporting children with medical conditions.

3 Procedures

3.1 The following procedures refer to actions whenever the Academy is notified that a student has a medical condition. These procedures also cover any transitional arrangements between the Academy and other schools, the process to be followed upon reintegration or when the student's needs change and arrangements for staff training and support.

3.2 The Academy will not wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be made on what support to provide based on the available **evidence**. This will normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

4 Individual Healthcare Plans (IHP)

4.1 All students with medical conditions who are supported in the Academy will have an individual healthcare plan (IHP). These will often be essential, such as in cases where the conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all students will require one.

4.2 The Academy, healthcare professional and parent should agree, based on evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the Principal will take a final view.

- 4.3 Plans will capture key information and actions that are required to support the student effectively. The level of detail within plans will depend on the complexity of the student's condition and the degree of support needed. Different students with the same health condition may require very different support.
- 4.4 Where a student has a special educational need or disability (SEND), but does not have an Education Health and Care Plan (EHCP), this will be mentioned in their IHP.
- 4.5 Where a student has a special educational need identified in an EHCP, the IHP will be linked or become part of the EHCP.
- 4.6 IHPs and their review may be initiated, in consultation with the parent, by a member of staff or a healthcare professional involved in providing care for the student.
- 4.7 Plans will be drawn up in partnership between the Academy, parents and a relevant healthcare professional, who can best advise on the particular needs of the student. The aim will be to capture the steps which the Academy will take to help the student manage their condition and overcome any potential barriers to getting the most from their education. Partners will agree who will take the lead in writing the plan but responsibility for ensuring it is finalised and implemented will rest with the Academy.
- 4.8 IHPs will be reviewed at least annually or earlier if evidence is presented that the student's needs have changed. IHPs will be developed with the student's best interest in mind and will ensure that the Academy assesses and manages risks to the student's education, health and social well-being and minimises disruption.
- 4.9 Where a student is returning to the Academy following a period of hospital education or alternative provision (including home tuition), the Academy will work with the education provider to ensure that the IHP identifies the support the student will need to reintegrate effectively.
- 4.10 When deciding what to record in an IHP, the Academy will consider the following:
- i. the medical condition, its trigger, signs, symptoms and treatments;
 - ii. the student'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, use of lift;
 - iii. specific support for the student's educational, social and emotional needs e.g. 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;
 - iv. the level of support needed (some students will take responsibility for their own health needs) including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
 - v. who will provide the support, their training needs, expectations of the 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;
 - vi. who in the Academy needs to be aware of the student's condition and the support required;
 - vii. arrangements for written permission from parents and the SENDCO for medication to be administered by a member of staff or self-administered by the student during Academy hours;

- viii. separate arrangements or procedures required for Academy trips or other Academy activities outside of the normal timetable that will ensure the student can participate e.g. risk assessments;
- ix. where confidentiality issues are raised by the parent or student, designated staff will be entrusted with information about the student's condition;
- x. what to do in an emergency, including whom to contact and contingency arrangements; some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

5 Staff training and support

- 5.1 Any member of staff providing support to a student with medical needs should:
 - i. have received suitable training, usually commissioned by the SENDCO from the relevant healthcare professional and certification of successful completion of training together with a review date;
 - ii. have training sufficient to ensure they are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in IHPs;
 - iii. have understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures;
 - iv. be included in meetings where this is discussed.
- 5.2 Staff must not give prescribed medicines or undertake health care procedures without appropriate training (updated to reflect any IHP). A first aid certificate does not constitute appropriate training in supporting students with medical conditions.
- 5.3 Whole staff awareness training such that all staff are aware of this policy and their role in implementing it will be:
 - i. undertaken at the start of each academic year;
 - ii. undertaken as part of induction training for new staff.
- 5.4 The family of a student may provide specific advice about training but they should not be the sole trainer.

6 The student's role in managing their own medical needs

- 6.1 After discussions with parents, students who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected within the IHP.
- 6.2 Wherever possible, students will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily.
- 6.3 Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision.
- 6.4 If it is not appropriate for a student to self-manage, then Health Carers will help to prompt medicines and manage procedures for them.
- 6.5 If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but will follow the procedure agreed in the IHP. Parents will be informed so that alternative options can be considered.

7 Managing medicines on Academy premises

- 7.1 Medicines should only be administered at the Academy when it would be detrimental to a student's health or attendance not to do so.
- 7.2 No student under 16 should be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In every case, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.
- 7.3 A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- 7.4 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside Academy hours.
- 7.5 The Academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions on administration, dosage and storage. The exception to this is insulin which must still be in-date but will generally be available inside an insulin pen or pump rather than its original container.
- 7.6 All medicines will be stored securely. The students should know where their medicines are at all times and be able to access them immediately. They should know who holds the key to any storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to students and not locked away. This is particularly important when away from the Academy, e.g. when on trips.
- 7.7 A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child to use is an offence. In other cases the Health Carers will keep controlled drugs that have been prescribed for a student securely in a non-portable container and only named staff will have access. The Health Carers will keep a record of any doses used and the amount of the controlled drug held in the Academy. Controlled drugs should be easily accessible in an emergency.
- 7.8 Academy staff may prompt a controlled drug to the student for whom it has been prescribed. Anyone doing so should do so in accordance with the prescriber's instructions. The Academy keeps a record of all medicines administered to individual students, stating what, how and how much was prompted, when and by whom. Any side effects of the medication to be administered in the Academy are noted.
- 7.9 When no longer required, the Health Carers will return to the parent medicines for safe disposal. However, if not collected within 7 days, they are taken to a pharmacy for safe disposal. Sharp boxes must always be used for the disposal of needles and other sharps.

8 Record keeping

- 8.1 All medication is signed in and out of the academy with a responsible adult.
- 8.2 It is mandatory that written records are kept of all medicines administered to students.

- 8.3 Records offer protection to staff and students and provide evidence that agreed protocols have been followed.
- 8.4 Academy staff will inform parents if a student has been unwell at the Academy.

9 Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

- 9.1 Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- 9.2 Where a pupil has been prescribed an AAI, this will be written into their IHP. Pupils who have prescribed AAI devices can keep their device in their possession.
- 9.3 Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAI's will only be administered by these staff members.
- 9.4 In the event of anaphylaxis, a designated staff member will be contacted immediately. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAI's, e.g. if the pupil needs restraining.
- 9.5 Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 9.6 In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:
- Where and when the reaction took place
 - How much medication was given and by whom

AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.

10 Emergency procedures

- 10.1 The IHP will define what constitutes an emergency and explain what to do, including that all relevant staff are aware of emergency symptoms and procedures. Other students are made aware in general terms what to do via assemblies, such as informing a member of staff immediately if they think help is needed.
- 10.2 If a student needs to be taken to hospital, a member of staff, will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance.

11 Day trips, residential visits and sporting activities

- 10.1 Staff should be aware of how a student's medical condition impacts on their participation in day trips, residential visits and sporting activities, but there should be enough flexibility for all students to participate according to their own abilities and with any reasonable adjustments.
- 10.2 It is the responsibility of the member of staff organising the activity to make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- 10.3 Staff organising such activities should consider what reasonable adjustments they might make to enable students with medical needs to participate fully and safely in activities. It is best practice to carry out risk assessments so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the relevant healthcare professional to ensure that the student can participate safely.

12 Other issues for consideration

- 12.1 Home to Academy transport is the responsibility of the Local Authority, who will be made aware of the student's IHP and what it contains especially in respect of emergency situations by the Health Carers.

13 Unacceptable practice

- 13.1 Although staff should use their discretion and judge each case on its merits with reference to the student's IHP, it is not generally acceptable to:
 - i. prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - ii. assume that every student with the same condition requires the same treatment;
 - iii. ignore the views of the student and their parents; or ignore medical evidence or opinion (although this may be challenged);
 - iv. send students with medical conditions home frequently or prevent them from staying for normal Academy activities, including lunch, unless this is specified in their IHP;
 - v. if the student becomes ill, send them to Student Information Services unaccompanied or with someone unsuitable;
 - vi. penalise students for their attendance record if their absences are related to their medical condition e.g. medical appointments;
 - vii. prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
 - viii. require parents, or otherwise make them feel obliged, to attend the Academy to administer medication or provide medical support for their child, including toileting issues;
 - ix. prevent students from participating, or create unnecessary barriers to students participating in any aspect of Academy life, including trips, e.g. by requiring parents to accompany the student.

14 Liability and indemnity

- 14.1 The Academy has insurance cover in place to cover liability relating to prompting of medication, provided that the member of staff who is allocated to administer medicine to a student with a medical condition has received appropriate training.

15 Complaints

- 15.1 If parents or a student are dissatisfied with the support provided, they should discuss their concerns directly with Academy staff.
- 15.2 If for whatever reason this does not resolve the issue, they may make a formal complaint via the Academy's complaints procedure.
- 15.3 Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

16 Monitoring, Evaluation and Review

- 16.1 The policy will be promoted and published throughout the Academy.
- 16.2 The Executive Board will review this policy annually to assess its implementation and effectiveness.

Other related policies:

Admissions Policy
SEND Policy
First Aid Policy
Complaints Policy
Health and Safety Policy
Manual Handling Policy