SUPPORTING MEDICAL NEEDS AT SCHOOL

Purpose of the policy:

The school has a duty to make arrangements to support students with medical conditions access education. The school has regard to guidance issued by the Secretary of State, 1 April 2014 entitled "Supporting pupils at school with medical conditions".

The aim of this policy is laid out in the statutory guidance i.e. "to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential". This policy also covers procedures relating to accidents and illness on site and the administration of medicines.

Key points:

1. The school will liaise with, and take advice, from medical professionals with regard to the needs of any individual child; it will work closely with parents/carers and students to support full access to education.
2. All children must receive a full-time education, unless this would not be in their best interests because of their health needs
3. The key focus is the needs of each individual child, and how their medical condition impacts on their school life.
4. Arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
5. Staff training should ensure that the school can provide the educational support students need and appropriate support for their medical condition.
6. No child with a medical condition should be denied admission or prevented from taking up a place in school on the grounds that arrangements for their medical condition have not been made. However, where admission or attendance would place others at unnecessary risk (e.g. infectious diseases) then the child does not have to be accepted in school.

Contents:

1 Identification of students with medical needs:

1.1 The school gathers information from parents/carers on any medical conditions as part of the entry information, with annual opportunity for update of these. In addition, parents/carers are asked to inform the school of any changes or concerns with regard to medical conditions as soon as these are known. The school consults with medical professionals in instances where conditions require immediate intervention or special arrangements to ensure the safety and support of the student.

2 Notifying staff:

2.1 Students with medical conditions are placed on the school's medical information list, and a summary of information is recorded on MIS. A list of those with serious conditions is also circulated to all staff termly (or more frequently as required in the event of any significant change). This information is also provided for any school trips or visits, together with advice on actions to be taken in the event of any problem. Vulnerable staff are also informed of any incidents or infectious illnesses which could affect staff health (e.g. German measles)

3 Taking part in the full range of school activities:

3.1 Where there are concerns about a student taking part in an activity, a risk assessment takes place to see what actions can be taken to minimise any risk and support full involvement. If the risk cannot be reduced to an acceptable level despite medical advice being sought and all reasonable steps being taken, then the child's safety is placed as the first consideration.

4 Individual Healthcare Plans (IHPs):

4.1 Individual Healthcare Plans are documents which a school produces, setting out the support which a specific child may require in respect of their medical condition, and the steps which the school will take to support them. These are developed and monitored with support from medical professionals as appropriate for the child's condition and where this is advised on medical grounds. The school First Aiders monitor these with the aid of the attached School Nurse. Individual Healthcare Plans are kept readily available by the First Aiders, and a copy is provided for the emergency services in the event of any emergency call.

4.2 An Individual Healthcare Plan will be drawn up if it is clear that the medical condition will require the school to put supportive arrangements in place. It is not necessary for a child to have a formal diagnosis to have an Individual Healthcare Plan. Not all children with a medical condition will require an Individual Healthcare Plan. Individual Healthcare Plans will be particularly important in certain cases:

- Prescribed medication – an Individual Healthcare Plan should be put in place for any child who requires medication while in school
- Personalised care plans – when healthcare professionals issue a personalised care or action plan, these should be included in an Individual Healthcare Plan. This includes allergy and asthma action plans, diabetes care plans and seizure plans
- Allergy - Individual Healthcare Plans should be put in place for any child who has a known allergy which requires active management to prevent a severe reaction developing
- Reasonable adjustments - Individual Healthcare Plans should be put in place where a child's medical condition constitutes a disability and requires the school to make adjustments to its policies or practices.

4.3 Plans are agreed with parents, students and health professionals; these are reviewed at least annually and can be reviewed more frequently in the event of any concern raised by parent or a change in the medical information or seriousness of the condition.

4.4 Where a student is competent to manage their own health needs and medicines, this is encouraged and recorded in the Individual Healthcare Plan. Where immediate access is needed, these medicines are carried with the student; otherwise, the school medical room (which has First Aid expertise) holds these.

4.5 Any re-integration to school after hospital or alternative provision may need additional support, arrangements for which are kept with the individual healthcare plans for the duration of the re-integration or added to the Individual Healthcare Plan if a long-term requirement.

4.6 Individual Healthcare Plans should include:

- The child's name, date of birth and current photo
- Contact details for the child's parent/carer
- Who needs to be aware of the child's medical condition
- A summary of the medical condition, its triggers, signs, symptoms and treatments
- The child's needs arising from their medical condition, including any medication and other requirements
- An indication of how the medical condition may impact the child's learning and emotional wellbeing
- The extent to which the child is able to take responsibility for their own health needs, including in emergencies
- Details of the specific support or adaptations the school will put in place
- Clear arrangements for maintaining educational progress where absence or missed learning occurs due to medical conditions
- Details of arrangements required for any school trip or other activities outside of the normal timetable
- Information about what to do in an emergency, including what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures and ensuring access to emergency medication.
- Details of any medication, instruction or information about side-effects, written permissions from parents for medication to be administered by school staff or self-administered by the pupil
- Where confidentiality issues are raised by the parent/carer/child, those to be entrusted with the information should be specified

4.7 Specific support for the student's educational, social and emotional needs (e.g. catching up, how absences will be managed, arrangements for examinations, counselling sessions etc) is arranged by the Year team. Given the need to be flexible and to react quickly, this is not always formalised on the individual healthcare plan but kept separately by the Year team. The school is responsive to any raised concerns.

5 Roles and responsibilities:

5.1 Governing Body: Ensuring a policy that clearly identifies roles and responsibilities; ensuring arrangements to support students with medical conditions in school; ensuring staff receive appropriate training and are competent in this training before supporting students with medical conditions.

5.2 Headteacher: Ensuring policy developed and effectively implemented. This to include ensuring procedures in place for completion of Individual Healthcare Plans as needed; relevant staff aware of students' medical needs; relevant staff trained to the necessary level of competence; commitment to supporting students to access full-time education and related opportunities.

5.3 Attached School Nurse: Providing medical advice for the school in dealing with various conditions and liaising with other medical professionals as necessary; providing training as required to support Individual Healthcare Plans; drawing up of Individual Healthcare Plans for the individual in consultation with the parents/carers, student and school or advising the school of how to do this; notifying the school when a medical condition is diagnosed for a student in the school's care.

5.4 Parents/Carers: To provide the school with sufficient and up to date information about their child's medical needs; contribute to the Individual Healthcare Plan; carry out action agreed as part of this plan (eg provision of medicines or other equipment).

5.5 Students: need to alert the school to any medical concerns during the school day and contribute to the Individual Healthcare Plan, following agreed arrangements regarding medication or other medical arrangements put in place to support them

5.6 School staff: Awareness of needs and what to do in the instance of a medical need or emergency; commitment to supporting students with medical conditions to access full education and related opportunities. All staff should be aware of the school's policy for supporting children with medical conditions, including the school's allergy policy.

5.7 First Aiders: Awareness of medical needs of students, ensuring these are recorded and communicated; liaising with parents/carers, school staff and year teams re needs, conditions and any medical action and/or support needed. Ensuring training is up to date, and any additional need flagged up with the School Nurse. Familiarity with Individual Healthcare Plans and ensuring their response to emergencies is in line with these and school policies.

6 Staff Training:

6.1 The School Nurse advises the school on training needs for the conditions of students on its roll. He/she will often provide the training, certifying when this is complete, or will advise where the training can be found. Similarly, the School Nurse will advise on any appropriate equipment for the school to hold and associated training.

6.2 First Aiders in the school office will receive a wide range of training; at times, it is necessary that other school staff in contact with the child need emergency training e.g. EpiPen. This is provided as part of the annual training and/or guidance is provided. A log of training is kept for individuals.

6.3 Where certain prescription medicines or health care procedures are required, appropriate training MUST be given first; a first aid certificate in itself does not count as appropriate training. The appropriate health care professional will then authorise competency in the member of staff concerned e.g. certificates for EpiPen or Buccal Midazolam, or writing to confirm training successfully completed e.g. epilepsy, diabetes.

7 Feeling unwell at school:

7.1 It should be noted that, where students with medical conditions feel unwell at school, then staff should follow advice given regarding their condition. This generally falls into the alternatives below, unless other individual actions are stated in the student's Individual Healthcare Plan or safety plan.

- send for the First Aider immediately, letting them know the student's name so they can bring any necessary items OR
- send the student to the First Aider, ensuring they are accompanied by a suitably responsible individual.

8 Unacceptable practice:

8.1 The school does not condone:

- preventing children from accessing and administering their medication
- assuming that every child with the same condition needs the same support
- assuming that older children do not require support related to their medical condition
- ignoring the views of the child or their parents/carers

- ignoring medical advice or the opinion of healthcare professionals
- assuming that a child does not have a medical condition because they do not yet have a diagnosis, for example while medical investigation is under way (though the school will request further information where the condition is unclear)
- sending a child who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency (such as anaphylaxis), help should come to the child
- penalising children for their attendance record if their absences are related to their medical condition
- setting lower attendance ambitions for children with medical conditions (such as by implementing sustained part-time timetables without review)
- preventing students from drinking, eating or taking toilet breaks where this is needed to manage their medical condition
- preventing children from resting where they have conditions which cause chronic pain or fatigue
- requiring parents/carers to attend school to administer medication or provide medical support unnecessarily
- putting unnecessary barriers in the way of a child participating in any aspect of school life e.g. requiring parents/carers to accompany a child on a school trip

9 Insurance:

9.1 The Governing Body ensures that the school is insured in line with DfE expectation and appropriately reflects the level of risk associated with its functions. These insurance arrangements are available for inspection by staff and cover staff carrying out a range of duties. Where individual cover is needed to be arranged for any specific health care procedures, the school will duly organise this.

10 Complaints:

10.1 In the event of a concern or complaint about the support provided and/or arrangements made for students with medical conditions then parents/carers are encouraged to raise this with the relevant staff members to look for an early resolution.

10.2 Where this does not resolve the matter, parents/carers may raise the complaint using the school's complaint policy, addressing their complaint to the Headteacher.

11 Accidents and Illness of students, staff or visitors:

Serious accident or illness:

11.1. In the event of a serious accident or illness an ambulance should be summoned by dialling 999. If anaphylaxis is suspected, a paramedic ambulance should be requested as these carry adrenaline. Unless the situation is life threatening, the 999 call would be done by a member of the first aid team based in the school office. A clear indication should be given as to why and where the ambulance is required. The time of the emergency call should be noted.

11.2. While this is being done, arrangements should be made for the casualty to receive emergency treatment from the school's first aider or a person qualified in first aid where available. A list of suitably qualified members of staff is held; the school has first aiders based in the medical room who would be the normal first point of call.

11.3. A member of the school staff should wait at an appropriate point to direct the ambulance crew to the patient.

11.4. Where emergency action has been taken for a child, the parents should be informed and asked to take over responsibility for the child. (See also Points 5, 6 and 7).

11.5 A member of the school staff will accompany a child taken from school by ambulance if a parent or other responsible adult is not available.

11.6 The circumstances of the injury or illness should be reported at the hospital. Any further relevant information on the child's medical history should also be given if possible, eg epilepsy, allergy to certain drugs, etc.

11.7. Where it is necessary for a student to be seen by a doctor and/or hospital staff because of a serious accident or illness, the medical service may require parental consent before surgical or medical treatment is given to a student who is under 16 years of age. It should be made clear as to what measures have been taken to contact the parents and their telephone number and address should be given (preferably in writing) to the hospital staff.

Other accidents or illness:

11.8. When it is felt that medical opinion is needed for a child injured or taken ill at school, parents/carers will be advised that advice should be sought via the NHS 111 advice service or the child's GP. If in any doubt, medical advice can also be sought via the Accident and Emergency department.

11.9. A child who is taken ill at school, or who cannot continue working at school as a result of an accident, may be returned home, but only when satisfactory arrangements have been made with the parents.

11.10 No member of staff may take a child off site until permission has been given by a member of the Leadership Team.

Recording and reporting of accidents/illness

11.11 All contact with the school first aiders (based in the medical room) is logged with brief details of any symptoms or injury noted, together with any contact with parents/carers. Staff treatment is also recorded.

11.12 In addition, injuries where there is an indication of misbehaviour by other students will be referred to the year team for investigation. Records of any investigation and their outcome will be kept by the year team. Where students do not report any such incident, nor parents/carers, then no investigation for disciplinary reasons can be undertaken.

11.13 The student office 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 school's health and safety provider reports RIDDOR cases to the Health and Safety Executive on our behalf.
Reportable injuries, diseases or dangerous occurrences include death and specified injuries. These are:

- Needle stick/sharps injuries
- 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)
- Any scalping 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;

- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days.
- Where an **accident** leads to someone being taken to hospital.
- Where something happens that does not result in an injury but could have done.
- 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.

11.14 In addition, near misses which are indicative of a failure in health and safety controls will also be logged on an accident form.

11.15 Where serious incidents or "near misses" occur involving a child or young person with a medical condition (including allergy) the incident will be recorded. The incident should be reported to the child's parents and the governing body.

12 ADMINISTRATION OF MEDICINE

12.1 Medicines will only be administered while a child is in school when it would be detrimental to their health or school attendance not to do so. The procedures to be followed for managing medicines include:

- Children should not be prevented from taking prescription or non-prescription medication
- Children under 16 should not be given prescription or non-prescriptions medication without written consent from their parent
- A child under 16 should never be given medicine containing aspirin unless prescribed
- Medication (for example for pain relief) should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

12.2 Medicines required by students during school hours may be administered/supervised by the school's first aider/teacher acting in loco parentis provided the following procedure has been followed:

(i) An Individual Healthcare Plan or clear written instructions are provided by the parent/carer requesting that medication be given at school and that such medication is necessary during school hours. Details of the drug should include dosage, the time and method of administration, and the frequency of dosage if appropriate, e.g. asthma inhalers. It should also include the expiry date of the medicine and any side effects the medicine might have. The responsibility for providing any side effects information to the school rests with the parent/carer. Changes in medication should be notified immediately by parent/carer to the school.

(ii) The medication should be in a container clearly labelled with the child's name and tutor group. If the medication is a prescribed medicine, the medicine must be given to the school in the container in which it was dispensed by the pharmacy and must include the dispensing label.

(iii) All medications should be stored in a secure appropriate place not accessible to children, unless an agreement has been reached between parent/carer and school for the child, e.g. to carry his/her own asthma inhaler/EpiPen. Wherever possible and appropriate, children should be allowed and encouraged to carry their own medicines and relevant devices for self-medication, particularly in the case of medication which may be needed in an emergency or to relieve pain.

(iv) A written record should be kept on the Daily Medical Record for each child taking medication at school specifying the name of drug, dosage, and time of administration,

(v) Any queries regarding the administration of medicines should be referred to the parent/carer. The School Nurse Specialist Practitioner is also a further source of general guidance. Further policy guidance is also available in the Managing medicines in Schools and Early Years Settings (DfES 2005).

12.3 The advice given above relates in the main to children suffering from chronic conditions, e.g. asthma, epilepsy, anaphylaxis. Where a child is suffering from an acute condition, such as a cough, parents/carers should be advised to ask for a prescription which can be administered outside school hours. This is now possible with modern forms of medicine and should obviate the need for schools to administer medicines during school hours in these circumstances. The doctor's advice on a return to school should be followed. However, on the rare occasions this is not possible medication can be held and administered on a temporary basis e.g. antibiotics requiring more than 3 doses a day. Written instructions as detailed in (i) must also be provided.

12.4 All teachers are in 'loco parentis' when in charge of any group of children, on or off site, and it is reasonable to expect that they would undertake duties which would be carried out by any caring parent/carer, bearing in mind the safeguards afforded by the form of written request suggested in this policy note. However, any teacher whose religious convictions would prohibit them from administering medicines should communicate this fact to the Headteacher.

This policy was reviewed in July 2026
The next review will be in July 2027

APPENDIX 1

FIRST AID INFORMATION

The school has trained first aiders in the medical room who are able to deal with minor injuries and children who are taken ill in school. Parents/carers who do not want their child treated by a first aider for minor injuries must write to the school stating this.

What happens if a child feels unwell during the school day?

Students who are unwell during the school day must report to the medical room so a first aider can assess them. The first aider will contact home if there are concerns about carrying on during the school day and/or in the case of serious illness or injury.

What happens if my child needs medication during the school day?

Medicines required by students during school hours may be administered/supervised by the school's first aider acting in loco parentis.
Students should not carry any medication on them except for EpiPens & asthma inhalers. All other medication should be brought into the school office first thing in the morning, with a note giving the first aider consent to administer this and detailing any medication the student may have already taken that day.
Supplies of long-term medication can be held in the medical room with a signed parental consent form (Appendix 2).

What sort of things can be treated or assessed by the first aider?

- Complaints about feeling hot or running a temperature
- Sickness
- Nosebleeds
- Insect stings/bites
- Burns or scalds
- Accidental injuries
- Rashes
- Minor Head Injuries

What common ailments can the first aider NOT treat?

- Sore throats, coughs and colds; as a school we do not hold any cough mixtures, throat sweets or any other remedies.
- Hay fever; we can only offer saline solution to bathe their eyes.
- Headaches/migraines; we can only offer cold water and somewhere quiet to rest for a short period of time

Unless medication has been provided by the parent/carer with appropriate authorisation, the school cannot provide paracetamol, aspirins, antihistamines or other medications. Similarly, we are not allowed to administer antiseptic creams or lotions.

What happens if my child has an Asthma attack at school?

Asthma is a common long-term condition that can cause coughing, wheezing, chest tightness and breathlessness.

If your child has asthma, please ensure that he/she carries their Asthma pump with them at all times.

The severity of these symptoms varies from person to person. Asthma can be controlled well in most people most of the time, although some people may have more persistent problems. Occasionally,

asthma symptoms can get gradually or suddenly worse. This is known as an "asthma attack", although doctors sometimes use the term "exacerbation".

Severe attacks may require hospital treatment and can be life threatening, although this is unusual. In such cases, the school would place an emergency call and also contact parents/carers.

Glenthorne High School holds an emergency asthma kit which can be used where appropriate provided we have your written consent to do so.

Further information about asthma can be found at:
http://www.nhs.uk/conditions/asthma/Pages/Introduction.aspx

What happens if my child has an allergy?

Please see separate Allergy Policy.

What happens if my child suffers a head injury?

If your child experiences a knock, bump or blow to the head, we assess them using a minor head injuries checklist. The symptoms of a minor head injury are usually mild and short-lived. They may include:

- a mild headache
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

Students are advised of the signs of concussion and parents/carers are contacted. Further information can be found at
http://www.nhs.uk/conditions/head-injury-minor/Pages/Introduction.aspx

Where can I find out more about the vaccinations?

You will be notified of vaccinations by letter, email or other contact, and will need to provide a consent form before the School Nurse Service can administer this. You always have the option of arranging a vaccination out of school hours or via your GP.

APPENDIX 2

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

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

Name of school	
Name of child	
Child's Tutor	
Date of birth	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
When to be given	
Any other instructions	
Are there any side effects that the school need to know about?	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

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

Parent/ Carer Signature(s) _____

Print name _____

Date _____

If more than one medicine is to be given, a separate form should be completed for each one.