



ANSFORD ACADEMY

LEARNING TOGETHER TO LEAD OUR LIVES

Behaviour and Inclusion Policy Suite

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

Status:	Statutory
Adopted:	October 2024
Renewal Period:	Yearly
Next Review:	October 2025

Section A: Aims

This policy aims to ensure that:

- Students, staff and parents understand how our school will support students with medical conditions.
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

The governing board will implement this policy by:

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

The named person with responsibility for implementing this policy is Nici Fulton, First Aid Administrator

Section B: Legislation and Statutory Responsibilities

This policy 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 students at their school with medical conditions. It is also based on the Department for Education's statutory guidance: [Supporting students at school with medical conditions](#) and can be read in conjunction with the [Summary of responsibilities where a mental health issue is affecting attendance](#). This policy also complies with our funding agreement and articles of association.

Section C: Roles and Responsibilities

1. The Governing Body:

- Has ultimate responsibility to make arrangements to support students with medical conditions
- Will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

2. The Headteacher will:

- Ensure that all staff are aware of this policy and understand their role in its implementation.

3. The Business Manager will:

- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way.

4. The First Aid Administrator will:

- Take overall responsibility for the development of IHPs.

- Contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

5. The Office Manager will:

- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Manage and deploy the First Aid Team as required.

6. Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff 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 staff 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.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

7. Parents will:

- Provide the school 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.

8. 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.

9. School nurses and other healthcare professionals

Our school nursing service will notify the school when a student is identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition.

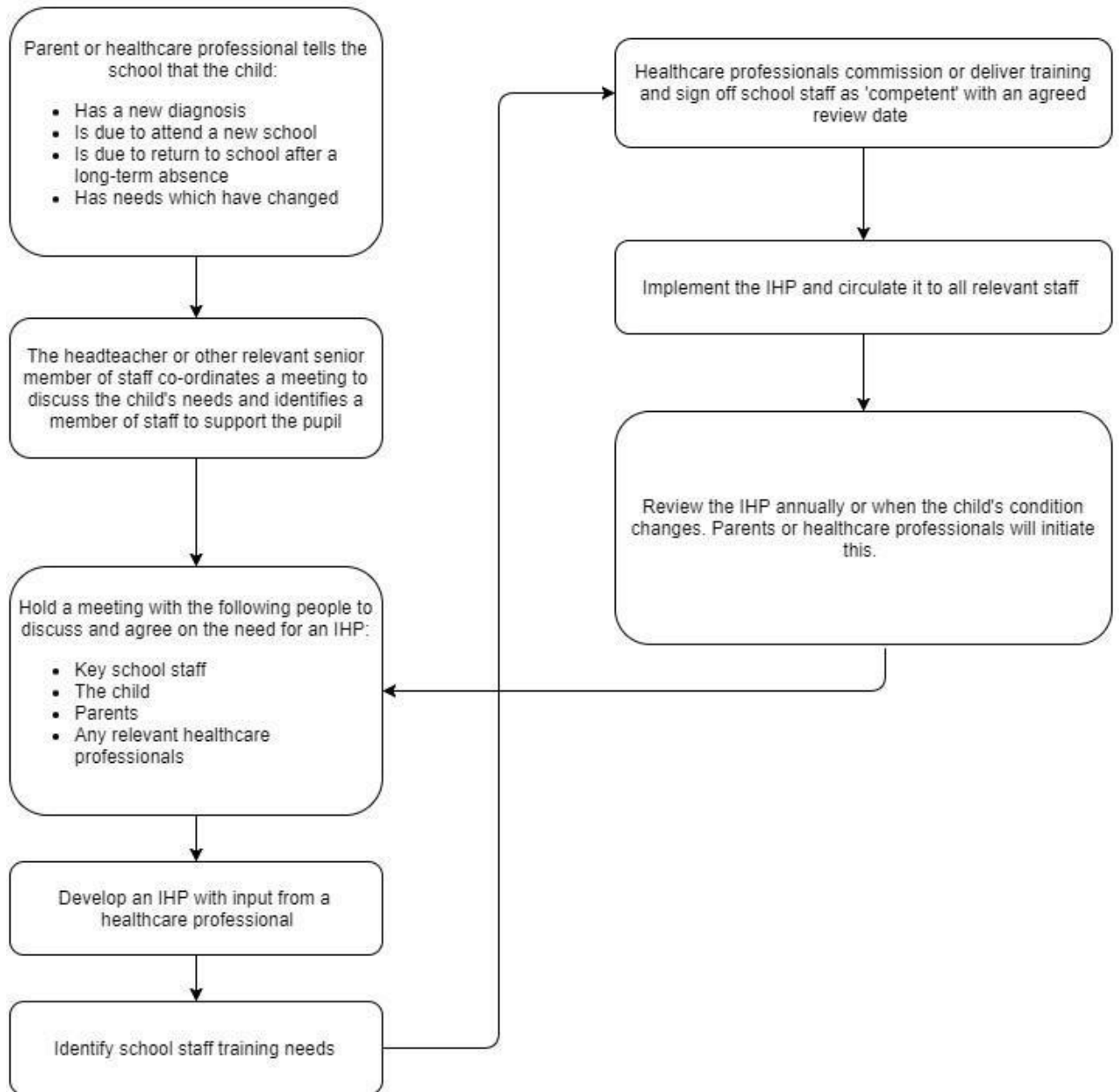
Section D: Equal Opportunities

The Academy is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

Section E: Being notified that a Child has a Medical Condition

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



Section F: Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the SENDCo, Heads of Year and the First Aid Administrator.

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 student’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 not a consensus, the First Aid Administrator will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, 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 student has SEND but does not have an EHC plan, the SEND 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 SENDCo, Heads of Year and First Aid Administrator, will consider the following when deciding what information to record on IHPs:

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

Section G: Managing Medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed. The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Section H: Controlled Drugs

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

A student 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 student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Any controlled drug if administered in school will be administered with two adults present.

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

Section I: Students Managing their Own Needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Section J: Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every student with the same condition requires the same treatment.

- Ignore the views of the student or their parents.
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise students for their attendance record if their absences are related to their medical condition, e.g., hospital appointments.
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.
- Administer, or ask students to administer, medicine in school toilets.

Section K: Emergency Procedures

Staff will follow the school's 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, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

Section L: Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher/SENDCo/Head of Year/First Aid Administrator. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students.
- Fulfil the requirements in the IHPs.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Section M: Record Keeping

The governing board will ensure that written records are kept of all medicine administered to students. When administering controlled drugs two adults will always be involved. Parents will be informed if their student has been unwell at school.

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

Section N: Liability and Indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

Section O: Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the First Aid Administrator in the first instance. If the First Aid Administrator cannot resolve the matter, they will direct parents to the school's complaints procedure.

Section P: Monitoring Arrangements

This policy will be reviewed and approved by the Community, Conduct and Welfare committee of the governing board annually. Other linked policies are discussed at the Finance, Business, Audit and Risk committee.

Section Q: Links to other Policies

This policy links to the following policies:

- Accessibility Plan
- Attendance Policy
- Children with Health Needs Policy
- Complaints and Concerns Procedure
- Equality Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Special Educational Needs Policy
- Special Educational Needs Information Report

Appendix 1: Individual Healthcare Plan Implementation Procedure



Appendix 2: Individual Healthcare Plan Template

HEALTH CARE PLAN FOR STUDENT WITH MEDICAL NEEDS

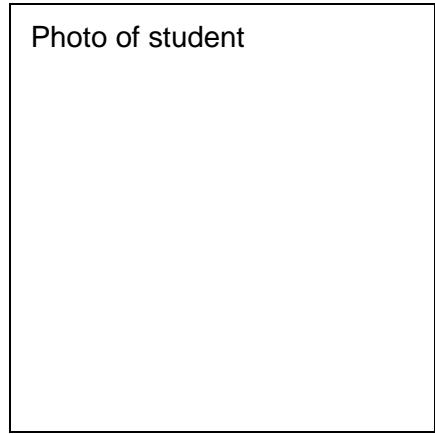
Name:

DOB:

Condition:

Tutor Group:

Date information received:



CONTACT INFORMATION

Contact 1

Name:

Relationship:

Phone (HOME):

Phone (WORK):

Contact 2

Name:

Relationship:

Phone (HOME):

Phone (WORK):

GP / CLINIC / HOSPITAL

GP:

Phone:

Surgery:

Phone:

Summary:

Describe condition and give details of students' systems / needs / who is responsible:

Names of person completing this form:

Signed

Date:

PTO for additional information

Daily care requirements including support for educational, social and emotional needs if appropriate:

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision.

Describe what constitutes an emergency for the student and the action to be taken if this occurs:

Follow up care:

Who is responsible in an emergency (state if different on off-site activities):

Additional information re: student's wishes regarding their care:

Form circulated to:

Admin Team/Student File

Tutor and appropriate support staff

Student Information file for Supply Teachers

School Nurse

Parents

Appendix 3: Parental agreement for Ansford Academy to administer medicine template

**Ansford Academy
Confidential**

Details of Student Medication

To be administered at the Academy by the student

To be completed by Parent/Guardian

Details of Student

Surname.

Forename(s)

Address.

Date of Birth Tutor Group.

Condition or illness:

Medication

Name/Type of Medication (as described on container)

.....

For how long will your child take this medication.

Date Dispensed and expiry date

Storage arrangements.

Full Directions for use:

Dosage and method:

Timing:

Any known effects.

Any other relevant information:

.....

I agree that will receive the above medication as detailed. will be supervised whilst he / she takes their medication by a member of staff. This arrangement will continue until the end of the course of treatment or instructed by parents.

Signature:

Relationship to Student:Date.....

PTO

Appendix 4: Managing Asthma in School

Ansford Academy holds emergency Ventolin inhalers and spacers as per '[Guidance on the use of emergency salbutamol inhalers in schools](#)' March 2015. This medication can only be administered to students who are diagnosed with asthma and this information has been recorded in our data management system.

Consent:

Written permission must be obtained for a student to access our emergency inhaler. In an emergency where a student's normal inhaler is not available and written permission is not available, parents will be contacted to give verbal consent. Whenever a student uses the emergency inhaler in school parents will be informed by phone.

Asthma Attacks:

All first aiders are trained in what to do if a student suffers an asthma attack.

1. Ensure the reliever inhaler is taken immediately.
2. Stay calm and reassure the student.
3. Help the student to breath by ensuring tight clothing is loosened.

After an attack students will return to lessons as long as they feel able to do so. Families are advised of the asthma incident.

Emergency procedure:

If the student does not feel better or you are worried at any time before reaching 10 puffs from the inhaler, an ambulance may be called usually in consultation with the family. If this does not arrive within 10 minutes an additional 10 puffs are taken by the student. If an ambulance is called and parents have not already been consulted they will be informed of this decision.

Appendix 5: Consent Form

**Consent Form:
Use of Emergency Salbutamol Inhaler**

Student showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma.
2. My child has been prescribed an inhaler which they will ensure they have available to use in school when it is needed.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, *I do/ *do not consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

*please mark as appropriate.

Signed: Date:

Name: (print)

Child's Name:

Class:

Parent/Carer's address and contact details:

.....
.....
.....

Telephone:

E-Mail:

Please return to the school office as soon as possible