



# **Procedure for supporting Students with Medical Conditions**

**2024-2026**

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*Publication on website			
Trust website		School website	
1	Statutory publication	A	Statutory publication
2	Good practice	B	Good practice
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**Policy level			
1	Trust wide	Single policy relevant to everyone and consistently applied across all schools and departments, with no variation. e.g. Complaints procedure	Statutory policies approved by the Board of Trustees (or designated Trustee Committee). Non-statutory policies approved by the CEO with exception of Executive Pay.
2	Trust core values	This policy defines the Trust core values in the form of a Trust statement to be incorporated fully into all other policies on this subject, that in addition contain relevant information, procedures and or processes contextualised to that school. e.g. Safeguarding, Behaviour	Statements in statutory policies approved by the Board of Trustees (or designated Trustee Committee). Statements in non-statutory policies approved by the CEO.  Policy approved by Local School Board.
3	School/department	These policies/procedures are defined independently by schools as appropriate. E.g. Anti-bullying	Approved by Local School Board.

Amendment Mar 2025 additional paragraph on allergies

## **1. Introduction**

- 1.1. The Children and Families Act 2014 places a duty on the governing bodies to make arrangements for supporting students with medical conditions. Students will be supported based on evidence of need for the individual student. This evidence may take the form of observations; reports and findings from medical professionals; consultations with parents and/or medical professionals and other specialist documentation, including Education, Health and Care (EHC) Plans. Class teachers and key members of staff may also be consulted. A formal diagnosis of a condition is useful to support this planning but is not essential.
- 1.2. In our schools, we are committed to providing a safe and inclusive environment for all pupils, staff, and visitors, including those with allergies. We recognise the serious risk that allergens can pose and take proactive measures to minimize exposure, including promoting awareness, implementing clear procedures for managing allergies, and ensuring that staff receive appropriate training. Parents and carers are encouraged to inform the school of any known allergies so that individual care plans can be put in place where necessary. While we cannot guarantee an allergen-free environment, we strive to reduce risks through careful food management, hygiene practices, and emergency response planning.
- 1.3. Where 'school' is mentioned please read 'academy' where relevant.
- 1.4. Most students will at some time have a medical condition that may affect their participation in school activities.
- 1.5. Students with medical conditions can be divided into two groups:
  - 1.5.1. Those who have a short-term medical condition, which may be managed by medication or an alteration to their daily routine and will eventually be resolved.
  - 1.5.2. Those whose access to education could be limited by their condition who are perceived as having a medical condition. These students can attend School regularly when able, can take part in most school activities but may also need extra care and be supervised undertaking some tasks.
- 1.6. Where possible, collaboration between staff, medical professionals, specialist advisors and parents is encouraged to identify, assess need, plan and review support plans that are in place. This may include, but is not limited to, contributing to initial identification of need, providing or planning for support, contributing to reviews and implementing changes.
- 1.7. Overall responsibility for implementing plans for supporting students with medical conditions is with the staff overseeing medical support, the Healthcare Assistant/Senior First Aider, and/or SEND teams.

## **2. Roles and responsibilities**

- 2.1. The Board of Trustees will:
  - 2.1.1. Ensure the "Procedure for supporting Students with Medical Conditions" is in place and reviewed regularly.
  - 2.1.2. Ensure that their insurance arrangements provide cover for staff to act within the guidance of this procedure.
- 2.2. The Headteacher/Head of School will:
  - 2.2.1. Ensure all staff are aware of this policy and understand their role in its implementation.

- 2.2.2. Ensure that staff have received sufficient training and that there is a sufficient number of trained staff available to implement procedures and support students with medical conditions.
- 2.2.3. Have overall responsibility for the development of Individual Healthcare Plans.
- 2.2.4. Make sure that appropriate insurance is in place to support students with medical conditions.
- 2.2.5. Oversee contact with the School Nursing Team in the case of any student who requires this support or has not been brought to the attention of this service.
- 2.3. Employees will:
  - 2.3.1. Receive sufficient and suitable training according to their role to support students with medical conditions.
  - 2.3.2. Familiarise themselves with the medical conditions of students and the procedures in place to support in line with their role.
  - 2.3.3. Take account of Individual Healthcare Plans and make reasonable adjustments to support students with medical conditions, where appropriate.
- 2.4. School Nurses and other healthcare professionals will:
  - 2.4.1. Notify the school when a student has been identified as having a medical condition that will require support in School.
  - 2.4.2. Liaise with the school or other lead healthcare professionals to ensure all relevant information has been shared.
- 2.5. Parents/carers will:
  - 2.5.1. Provide the school with sufficient up-to-date information about a student's medical conditions and needs.
  - 2.5.2. Provide any medication that is needed, clearly labelled and in original packaging.
  - 2.5.3. Be involved in the development of any Individual Healthcare Plans.
  - 2.5.4. Carry out any action that has been agreed as part of the implementation of the Individual Healthcare Plan.
  - 2.5.5. Ensure medication held in the school is not out-of-date and suitable stocks are held.

### **3. Procedure for supporting students with medical conditions**

- 3.1. When the school is notified that a student has a medical condition, the process outlined below will be followed to decide what support is required and whether a student needs an Individual Healthcare Plan to be implemented.
- 3.2. The parent/carer or medical professional should inform the school if a student has a medical condition. This will include:
  - 3.2.1. where a student has a new diagnosis;
  - 3.2.2. where a diagnosis has been reviewed and updated;
  - 3.2.3. where medical need has changed;
  - 3.2.4. where a student is due to return to school after a long-term absence as a result of medical need;
  - 3.2.5. where a student with a previously diagnosed medical condition is a new starter.
- 3.3. Where necessary, the school will co-ordinate a meeting to discuss the student's needs, identify support that is needed and put in place an Individual Healthcare Plan, where

appropriate. Key members of staff to support the student will be identified. This may include the Healthcare Assistant/Healthcare Assistant/Senior First Aider, SEND support and/or pastoral staff.

- 3.4. Create an Individual Healthcare Plan following information received and in collaboration with relevant parties.
- 3.5. The Trust will hold relevant information regarding a student's specific medical conditions, and this will be shared with staff:
  - 3.5.1. Creation of a Medical Needs register in SIMS or on MedicalTracker outlining:
    - 3.5.1.1. Student name
    - 3.5.1.2. Student Year group
    - 3.5.1.3. Identified medical need
    - 3.5.1.4. Required medication
    - 3.5.1.5. Whether an Individual Healthcare Plan is in place
    - 3.5.1.6. Review date
  - 3.5.2. Medical information will be entered into SIMS for staff to view summaries of medical conditions for individual students.
  - 3.5.3. Creation of a list of students with allergies, including those who have use of an epi-pen.
  - 3.5.4. Identify any whole staff or select group training needs for staff and arrange for this training to be effectively delivered.
  - 3.5.5. Coordinate the implementation of Individual Healthcare Plans and review within set timescales. The relevant member of staff in each school will also monitor the implementation of the Individual Healthcare plans, medication held and support utilised by the student.

#### **4. Transition support**

- 4.1. Where students are due to start the school as an end of phase transfer, information will be collected as part of the whole school transition arrangements.
- 4.2. Where notified by the feeder school and/or parent/carer that a student has a medical condition that has required additional support within School, staff may:
  - 4.2.1. Arrange a transition meeting between the feeder school, parents/carers, appropriate medical professionals, and the receiving school.
  - 4.2.2. Ask for copies of existing documentation relating to the support that is in place, including Individual Healthcare Plans.
  - 4.2.3. Arrange an Individual Healthcare Planning meeting.
  - 4.2.4. Include the student on supported transition programmes.
  - 4.2.5. Visit and observe the student in their feeder school setting.

#### **5. Individual Healthcare Plans**

- 5.1. When a young person receives confirmation of a place at a school within the trust their parent/carer will be required to provide emergency contact and health information. Should this document highlight that a young person has a medical need, the parent will be asked to complete and return an Individual Healthcare Plan or attend an Individual Healthcare Plan meeting.

- 5.2. Not all students with medical conditions will require an Individual Healthcare Plan. This should be agreed by the school, parents/carers and relevant healthcare professionals.
- 5.3. Individual Healthcare Plans will be created using MedicalTracker and will be developed with the student's best interests in mind and ensure that the school assesses and manages risks to their education, health and social well-being and minimises disruption to their education. The student will be involved in this planning wherever possible.
- 5.4. In cases where a student's medical condition is unclear, or where there is a difference of opinion, advice will be sought from the relevant healthcare professionals, parents/carers and the student. Support can be provided based on the available evidence. Not all students with a medical condition will require an Individual Healthcare Plan.
- 5.5. Where a child has SEND but does not have an Educational Health Care Plan (EHC), their special educational needs will be mentioned in their Individual Healthcare Plan. EHC Plans identify educational, health and social needs and set out the additional support to meet those needs.
- 5.6. Individual Healthcare Plans will be allocated as either long or short term, depending on the level and persistence of medical need.
- 5.7. Individual Healthcare Plans may include the following information:
  - 5.7.1. Student name
  - 5.7.2. Date of birth
  - 5.7.3. Class/Year
  - 5.7.4. Gender
  - 5.7.5. Address
  - 5.7.6. Medical conditions
  - 5.7.7. Medication details and administration
  - 5.7.8. Emergency contacts
  - 5.7.9. GP details
  - 5.7.10. Procedures to take in an emergency
  - 5.7.11. Conditions and individual symptoms
  - 5.7.12. Daily care requirements
  - 5.7.13. The person responsible
  - 5.7.14. Additional documentation
  - 5.7.15. Review date
- 5.8. The relevant member of staff responsible for student's Individual Healthcare Plans must ensure they are finalised, implemented and reviewed at least annually or earlier if evidence is presented that the young person's needs have changed.

## 6. **Managing medicines**

- 6.1. Medicines will be administered at school in the following circumstances:
  - 6.1.1. When it would be detrimental to the student's health or school attendance not to do so, and;
  - 6.1.2. Where parents have given their consent.
- 6.2. At times, it may be necessary for a student to finish a course of medication at the school for short-term medical needs. In the case of students suffering from acute pain, such as migraines, the parents/carers will authorise and supply appropriate painkillers together with written instruction about when the student should take the medication. Where

medication is administered by staff, parents/carers will provide authorisation, see Appendix 1. In some cases, medication is checked by two members of staff before administering to the student.

- 6.3. All medication held in the school will be registered on MedicalTracker or maintained in a secure file outlining :
  - 6.3.1. Name of medication
  - 6.3.2. Dose
  - 6.3.3. Method of administration
  - 6.3.4. Time and frequency of administration
  - 6.3.5. Other treatment
- 6.4. A record of medication that has been administered will be held on MedicalTracker or maintained in a secure file.
- 6.5. The Trust will only accept medication that is in-date, clearly labelled with the student's name and provided in the original container which has instructions for administration, dosage and storage. Insulin may be within a pen or pump but must also be in date.
- 6.6. Medicines which are out of date or are no longer required will be returned to parents/carers for safe disposal. Where a student has left, medicines will be taken to a pharmacy for disposal.
- 6.7. Controlled medication will be securely stored until required. They will be in a secure, locked storage container, inside a locked medical/first aid room. Medicines such as asthma inhalers, blood glucose testing and adrenaline pens will be accessible at all times.
- 6.8. All medicine held will be stored appropriately. Staff involved in supporting students with medical conditions will be aware of the procedures for storing medicine and students will also be aware of storage.
- 6.9. Any medication which must be refrigerated should be in an airtight container and stored upright in the designated fridge (this might also require to be securely locked).

## **7. Students managing their own medical needs**

- 7.1. Many students will be able to monitor their own medical needs and health throughout the school day and this will be discussed and encouraged when preparing Individual Healthcare Plans.
- 7.2. Students are encouraged to continue to use medical support at the school. Medication will be stored in the medical room and should be taken there, even if administered independently by the student.
- 7.3. Written parental permission is required if students are to administer medication themselves.

## **8. Record keeping**

- 8.1. Information regarding students' medical conditions and Individual Healthcare Plans will be kept securely on MedicalTracker and SIMS and where MedicalTracker is not available in a secure file. This information is reviewed regularly by the relevant member of staff.
- 8.2. Visits to the medical room by individual students will be recorded either on Medical Tracker or on file. The record will include:
  - 8.2.1. Nature of visit
  - 8.2.2. First Aider in attendance

- 8.2.3. Name of student
  - 8.2.4. Date of birth
  - 8.2.5. Class/Year
  - 8.2.6. Gender
  - 8.2.7. Address
  - 8.2.8. Date and time
  - 8.2.9. Location of any incident
  - 8.2.10. Details
  - 8.2.11. Injured area
  - 8.2.12. Injury/symptoms
  - 8.2.13. Description
  - 8.2.14. How it happened
  - 8.2.15. What happened next
  - 8.2.16. Treatment administered
- 8.3. Parents/carers will be notified if their child requires collecting from School. A relevant member of staff will telephone home in the event of a head injury as well as providing notification through MedicalTracker, where MedicalTracker is used.

## **9. Training**

- 9.1. Employees who are responsible for supporting students with medical conditions will receive suitable and sufficient training to do so. Training needs will be identified through the development of Individual Healthcare Plans and the overall profile of the student body.
- 9.2. Where possible, key members of staff supporting specific students with medical conditions will be involved in meetings where this is discussed. A relevant healthcare professional may identify the level and type of training that is required and will agree this with Headteacher/Head of School.

## **10. Emergency procedures**

- 10.1. Staff will follow the Trust's normal emergency procedures (for example, calling 999) and schools must ensure these are appropriately recorded. Emergency procedures are displayed within the school.
- 10.2. Individual Healthcare Plans will identify what constitutes an emergency situation and what action should be taken.
- 10.3. If a student needs to be taken to hospital by ambulance, parents will be contacted. If parents/carers are unable to accompany the student from the school, a member of staff will accompany them to the hospital.
- 10.4. Students who have medical conditions which require additional support during an evacuation of the academy will have a Personal Emergency Evacuation Plan (PEEP) written and reviewed by the relevant member of staff, see Appendix 2.
- 10.5. Any notifiable incidents or accidents can be supported by the Trust H&S consultant. Contact details: Stuart McGregor at [safety@rosherville.org.uk](mailto:safety@rosherville.org.uk)

## **11. Arrangements for school trips and Visits**



- 11.1. Students with medical conditions should be encouraged to take part in trips and visits unless a GP or medical professional advises that this is not possible. Trust employees should be aware of the medical conditions of all students taking part on any trip or visit including emergency procedures and medication that they are required to take. Reasonable adjustments should be made to accommodate students with medical conditions on trips and visits.
  - 11.2. In Exceptional circumstances, at the Headteacher's discretion, a decision may be made that a student may not attend a trip or visit. This decision would normally be made before confirming a place but could also be made once a place has been confirmed on the trip. Examples of exceptional circumstances could be:-
    - 11.2.1. A serious safeguarding concern
    - 11.2.2. A serious or persistent breach of the school's behaviour policy
    - 11.2.3. A serious concern over a child's welfare that would mean it would be impossible to meet the specific needs required in order to keep them safe or well.
  - 11.3. All planning protocols for trips and visits should be followed which includes checking and accounting for the medical conditions of participants and conducting risk assessments. The relevant member of staff should ensure that additional information has been collected, where applicable, working alongside the Healthcare Assistant/Senior First Aider. Information regarding risk assessments is included in Trips and Visits documentation.
  - 11.4. Employees who are leading trips and visits are responsible for ensuring that they are aware of the medical conditions of all those taking part and that appropriate medication has been collected or packed.
  - 11.5. Where students are required to take medicine during a trip or visit, arrangements should be made to administer them in accordance with this procedure.
  - 11.6. The Trust Procedures for Accidents and First Aid should be followed on trips and visits.
12. **Students with medical needs who cannot attend School**
- 12.1. Where a student has significant medical needs which prevent regular attendance to School, additional information will be sought from relevant professionals. Trust staff will work alongside the School Nursing Team.
  - 12.2. Initially the school will make arrangements to deliver educational support. Joint planning will take place between key Trust staff, relevant professionals parents/carers and students. The Trust will consider whether any reasonable adjustments need to be made to provide suitable access to the school and curriculum.
  - 12.3. Suitable arrangements will be made to support students with their learning, with an overall aim to reintegrate students back into school and their lessons as far as possible.
  - 12.4. In cases where provision in school is not suitable for a student, Trust staff will work alongside our partner agencies to seek appropriate provision. Collaboration, support and agreement from outside agencies, such as CAMHS, will be required for consideration of a placement at an Alternative Provision. The Trust acknowledges that an application for a placement at an Alternative Provision may not result in a successful referral.
  - 12.5. Where students are not regularly attending an educational provision, Trust staff will make contact in line with safeguarding procedures. Where successful contact cannot be made

further action may be required, which could include home visits by Trust staff or referrals to outside agencies.

- 12.6. Trust staff will monitor student progress and reintegration into school. Arrangements for students with medical needs who cannot attend will be reviewed regularly by Trust staff.

**13. Unacceptable practice**

- 13.1. Trust employees should use their discretion to judge each case individually with reference to school files and Individual Healthcare Plans. It is generally unacceptable to:

13.1.1. Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary.

13.1.2. Assume that every student with the same medical condition requires the same treatment and care.

13.1.3. Ignore the opinions and view of healthcare professionals, parents/carers and students.

**14. Insurance**

- 14.1. The Board of Trustees and appropriate local governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

**15. Complaints**

- 15.1. We encourage all parents/carers to communicate with the school if they unhappy with the support that has been offered. If the matter has not been successfully resolved, you will be directed to the Complaints Procedure.

**REQUEST FOR STAFF TO ADMINISTER MEDICATION**

We will not give your child medicine unless you complete and sign this form, and the Headteacher/Head of School has agreed that staff can administer the medication.

**DETAILS OF STUDENT:**

Surname: ..... Forename(s) .....

M/F: ..... Date of Birth: .....

Form: .....

Condition or Illness: .....

**MEDICATION:**

Name/Type of Medication (as described on the container): .....

For how long will your child take this medication? .....

Date dispensed: .....

Expiry date:.....

**FULL DIRECTIONS FOR USE:**

Dosage and method: ..... Timing: .....

Special Precautions: .....

Side Effects: .....

Self-Administration: .....

Procedures to take in an Emergency: .....

**CONTACT DETAILS:**

Name: ..... Daytime Telephone No: .....

Relationship to Student: .....

Address: .....

.....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service, which the School is not obliged to undertake.

Date: ..... Signature(s): .....

Relationship to Student: .....

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

## Personal Emergency Evacuation Plan (PEEP)



PERSONAL EMERGENCY EVACUATION PLAN	
Name:	
Date of birth:	
House:	
Year:	
AWARENESS OF PROCEDURE	
..... is informed of a fire evacuation by: (please tick X relevant box)	
existing alarm system:	<input type="checkbox"/> visual alarm system: <input type="checkbox"/>
pager device:	<input type="checkbox"/> Other (please specify): _____
DIFFICULTIES	
SUPPORT PROVIDED	
PERSONALISED EVACUATION PROCEDURE (A step by step account beginning with the first alarm)	
1	
2	
3	
MONITOR AND REVIEW	
Date of plan	
Date of review	

## Example - School Healthcare Plan

School healthcare plan

**Created by:** Deborah PORTER**Care plan:** Long term**Review date:** 01/04/2020**Thomas: 123456****Date of birth:** [REDACTED]**Class/Year:** C**Gender:** Male**Address:** [REDACTED]

### Medical conditions

Medical conditions	Medication	Timing
 Allergic to milk and all dairy	<b>Name:</b> Chlorphenamine Maleate <b>Dosage:</b> 10mls <b>Expiry date:</b> 28/02/2021 <b>Self administration:</b> No <b>Side effects:</b> <b>Special precautions:</b> Monitor in case further action required  <b>Name:</b> Emerade 300 <b>Dosage:</b> 300 micrograms <b>Expiry date:</b> 31/03/2020 <b>Self administration:</b> No <b>Side effects:</b> <b>Special precautions:</b> call 999	
 Hypermobility	No medication required	

### Emergency contacts

#	Name	Relationship	Priority	Contact details	Address
C1	[REDACTED]	Mother	1	@ Primary: [REDACTED] ☎ Primary: [REDACTED] ☎ Home: [REDACTED]	[REDACTED]
C2	[REDACTED]	Father	2	@ Primary: [REDACTED] ☎ Primary: [REDACTED] ☎ Home: [REDACTED]	[REDACTED]

**GP details:** Watling Vale

## Further information

### Procedures to take in an emergency

Administer Emerade pen and call 999

### Conditions and individual symptoms

Allegry to milk and all dairy. Itchy. swelling, skin rash, temperature increases, cough, breathing problems

### Follow up care

Student would go to hospital

### Who is responsible

school during school hours and agreed activities. Family all other

## Consent

I understand that I must deliver the medicine in its original container and including prescribing instructions and contraindication information to either the first aid room or the school office. The information is, to the best of my knowledge, accurate at the time of writing. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or the medication is stopped.

Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_