



# Supporting Students with Medical Conditions Policy

---

**Term of policy:** Every 3 years  
**Approved by:** LGB 10.10.24  
**Date ratified:** BoT 15.10.24  
**Next Review Date:** Summer 2027

**Author:** J. Lavery  
**Sources:** NGA, The Key  
**Online location:** SharePoint folder: Policies  
**Consulted with JCC?** Yes ☐ No ☒

## Introduction

This policy replaces any previous policy and follows the DfE regulations.

As part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations. We have carefully considered the impact of this policy on equality. The School will ensure that this policy is applied fairly to all employees and does not have a negative impact on students or staff with protected characteristics; race, sex, religion and belief, sexual orientation, age, disability, gender reassignment, marriage and civil partnership and pregnancy and maternity.

## Contents

1. Aims .....	2
2. Legislation and statutory responsibilities .....	3
3. Roles and responsibilities .....	3
4. Equal Opportunities .....	4
5. Being notified that a child has a medical condition .....	4
6. Individual healthcare plans .....	4
7. Managing medicines .....	5
8. Emergency Procedure .....	8
9. Training .....	8
10. Record Keeping.....	10
11. Liability and indemnity .....	10
12. Complaints .....	11
13. Links with other policies .....	11
14. Monitoring .....	11
15. Appendix 1: Being notified a child has a medical condition .....	12

---

## 1. Aims

The Board of Trustees has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Rooks Heath School believes it is important that parents / carers of students with medical conditions feel confident that the school provides effective support for their child's medical condition, and that students feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Students with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of students experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some students with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these students, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students and their parents/carers.

The Board of Trustees will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of students' conditions, 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 person with responsibility for implementing this policy is the Headteacher.**

## **2. Legislation and statutory responsibilities**

This policy meets the requirement under [Section 100 of the Children and Families Act 2014](#), which places a duty on Board of Trustees to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

## **3. Roles and responsibilities**

### **3.1 The Board of Trustees**

The Board of trustees has ultimate responsibility to make arrangements to support students with medical conditions. The Board of Trustees will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **3.2 The Headteacher**

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- 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
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- 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 Welfare Team
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **3.3 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.

### **3.4 Parents**

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, and ensure they or another nominated adult are contactable at all times.

### **3.5 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.

### **3.6 School nurses and other healthcare professionals**

Our school's nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's Welfare Team and notify them of any student identified as having a medical condition. They may also provide advice on developing IHPs.

## **4. Equal Opportunities**

Our School 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.

## **5. 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.

Refer to Appendix 1.

## **6. Individual healthcare plans**

The Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the SENCo.

Plans will be reviewed at least annually, or earlier if there is evidence that the students' 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 no consensus, the headteacher 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 pediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become a part of, any education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN 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 Board of Trustees and the SENCo 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 for 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

## 7. 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.

### **7.1 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.

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

### **7.2 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.

### **7.3 Adrenaline auto-injectors (AAIs)**

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the medical guidance.

A Register of AAIs will be kept of all the students who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in welfare room for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Where a student has been prescribed an AAI, this will be written into their IHP.

Students who have prescribed AAI devices are able to keep their device in their possession.

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of an anaphylaxis, a designated staff member will be contacted.

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, such as where the students need restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches.

The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures.

The spare AAI will only be administered to students at risk of anaphylaxis and where written parental consent has been gained.

Where a student's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

Where a student who does not have a prescribed AAI appears to having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a student appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the student's parents / carers will be notified that an AAI has been administered and they will be informed whether this was using the student's or the school's device.

Where any AAI is used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.

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

In the event of a school trip, students at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

#### **7.4 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 students 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 welfare 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 children, 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

## **8. Emergency Procedure**

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes as 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.

Detailed emergency procedures are located in each classroom.

## **9. Training**

### **9.1 Staff 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 / SENCo. 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 recognize and act quickly when a problem occurs. This will be provided for new staff during induction.

### **9.2 Defibrillators**

The school has an automated external defibrillator (AED).



The AED is stored next to reception.

All staff members and students are aware of the AED's location and what to do in an emergency.

No training is needed to use the AED, as voice and / or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used, or requires using.

Maintenance checks will be undertaken on AEDs on a weekly basis, with a record of all checks and maintenance work being kept up-to-date by the designated person.

### **9.3 Asthma**

The school welcomes students who have asthma and encourages them to participate fully in school activities. The school will advise staff on the practical aspects of asthma management and will liaise where appropriate with the school nurse. The school will keep a record of students with asthma as notified by parents on SIMS.

The school expects that parents will inform staff of up to date details relating to the asthma of their child, together with clear guidance on the usage of medication, inhalers etc.

The school expects all students to take responsibility for the bringing and caring for their inhalers, whether preventative or relief inhalers and the latter may be kept centrally where appropriate, but must be labelled clearly with the student's name if this is the case.

The School does keep stock of an emergency salamol inhaler which can be distributed to students in the event of an emergency or fault with their own but only if parental permission has been sought.

The school will take steps to ensure that curriculum activities are carried out with the needs of asthmatic students in mind. The school expects that all students with asthma bring any inhalers needed to PE lessons and carry them with them during the lessons wherever possible. PE staff will advise students to carry them with them outside for lessons and not to leave them in locked changing rooms to ensure they can be used promptly if needed during the lesson. It is acknowledged that asthma can have an impact on certain elements of the PE curriculum but also that it should not provide a barrier to learning if dealt with in line with medical guidance.

#### **Asthma attacks – what to do**

If an asthmatic student becomes breathless and wheezy or coughs continually:

- Keep calm; it's treatable
- Let the student sit down in the position they find most comfortable, usually sitting down and leaning forward. Do not make them lie down
- Let the student take their usual reliever treatment – normally a blue inhaler. If the student has forgotten their inhaler, and you do not have prior permission to use another inhaler:
- Call Welfare staff. Welfare staff will arrange for parents to be called

Welfare staff will check the attack is not severe – see below:

- Wait 5-10 minutes

- If the symptoms disappear, the student can go back to what they were doing
- If the symptoms have improved, but not completely disappeared, call the parents and ask the student to take another dose of inhaler while waiting for them
- If the normal medication has had no effect, see severe asthma attack below

### **What is a severe asthma attack?**

Any of these signs mean severe:

- Normal relief medication (usually a blue inhaler) does not work at all
- The student is breathless enough to have difficulty in talking normally, and may wheeze or cough
- The pulse rate is 120 per minute or more
- Rapid breathing of 30 breaths in a minute or more
- The student may experience a tight chest

### **How to deal with a severe attack:**

- Call for an ambulance
- Ensure an adult telephones parents

If the student has an emergency supply of oral steroids (prednisolone, prednesol) give them the stated dose now. Keep trying with the usual reliever inhaler every 5-10 minutes and don't worry about possible overdosing. Avoid giving the student a "reassuring hug" as they will need their arms, shoulders and rib muscles to help them to breath. Do not take the student outside for "fresh air" as cold air may increase the asthma attack.

### **Trigger factors for severe asthma:**

- Anxiety
- Small furry animals
- Chemicals
- Exercising
- Cold air

## **10. Record Keeping**

The Board of Trustees will ensure that written records are kept of all medicine administered to students for as long as these students are at school. Parents will be informed if their child has been unwell at school.

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

## **11. Liability and indemnity**

The Board of Trustees ensures that the appropriate level of insurance is in place to cover staff providing support to students with medical conditions, and which adequately reflects the school's level of risk.

The school is a member of the Department for Education's risk protection arrangement (RPA) which covers liability relating to the undertaking of medical procedures and administration of medication by staff who have carried out appropriate training.

All staff providing such support are afforded access to insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

## **12. Complaints**

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

## **13. Links with other policies**

This document links to the following policies:

- Accessibility Plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

## **14. Monitoring**

The SENCo will monitor the implementation of this policy and report annually to the Local Governing Body.

## 15. Appendix 1: Being notified a child has a medical condition

