

## EDUCATION

### Supporting Students with Medical Needs Policy

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#### Revision Log (last 6 changes)

<b>Date</b>	<b>Version No</b>	<b>Brief detail of change</b>
Dec 16	1.3	Addition to allow storage of emergency salbutamol
Sep 18	1.4	Reviewed according to the Trust schedule.
Oct 22	1.6	Updated in line with the requirements of DFE guidance
Nov 22	2.1	Anaphylaxis and the use of epipens
Oct 24	2.3	Supporting pupils at school with medical conditions link amended
Oct 24	2.3	Guidance on the use of adrenaline auto injectors in school.

**This policy is written in line with the requirements of:** Section 100 of the Children and Families Act 2014, which places a duty on proprietors to make arrangements for [Supporting pupils at school with medical conditions \(GOV.UK\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474441/Supporting_pupils_at_school_with_medical_conditions.pdf) (December 2015) and should be applied in conjunction with the SEND Code of Practice.

Pupils at school with medical conditions shall be properly supported so that they have full access to education, including school trips and physical education. Governing bodies shall ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Where pupils have a disability, the requirements of the Equality Act 2010 will apply. For pupils who have medical conditions that require an EHC Plan, compliance with the SEND Code of Practice will ensure compliance with this guidance and respect to those children. Early Years settings should continue to apply The Statutory Framework for Early Years Settings.

All students have a right to access the full curriculum, adapted to their medical needs, and to receive the on-going support, medicines or care that they require at the Academy to help them manage their condition and keep them well. It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe. It is recognised that every pupil with a medical condition is different and should be treated as an individual.

It is recognised that medical conditions may impact on social and emotional development as well as having educational implications.

Each Academy shall build relationships with healthcare professionals and other relevant agencies in order to effectively support students with medical conditions.

## **1. Roles and responsibilities**

1.1. Each Academy will designate a named person responsible for children with medical conditions. This person is responsible for:

1.1.1. Informing relevant staff of medical conditions;

1.1.2. Arranging training for identified staff. This training will include universal training (e.g. first aid at work) and, as required, that which is necessary to deliver specific support for a student's condition (e.g. administration of medication, management of feeding).

Training will be sufficient to ensure staff are competent and have confidence to fulfill the requirements set out by individual health care plans (IHCPs). Training will be provided by qualified healthcare professionals;

1.1.3. Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and, where appropriate, taking the lead in communicating this information;

1.1.4. Assisting with risk assessment for school visits and other activities outside the normal timetable;

- 1.1.5. Developing, monitoring and reviewing IHCPs;
- 1.1.6. Working together with parents, students, healthcare professionals and other agencies.
- 1.1.7 Making sure there are adequate cover arrangements to ensure someone is always available to support pupils with medical conditions.

**1.2. The Academy Board is responsible for:**

- 1.2.1. determining the Academy's general policy and ensuring that arrangements are in place to support students with medical conditions.

**1.3. The Principal will:**

- 1.3.1. Have the overall responsibility to oversee the management and provision of support for students with medical conditions;
- 1.3.2. Ensure that sufficient, appropriately-trained numbers of staff are available to implement the policy and deliver IHCPs, including to cover absence and staff turnover; including in contingency and emergency situations.
- 1.3.3. Ensure that academy staff are appropriately insured and are aware that they are insured.
- 1.3.4. Ensure that systems are in place for obtaining information about a pupils medical needs and that this information is kept up to date, kept and shared according to Data Protection (GDPR) policy.
- 1.3.5. Make sure all staff are aware of this policy and understand their role in its implementation, and that they know they can find it on their Academy website.
- 1.3.6. Ensure that pupils are not denied a school place on the basis of a medical condition unless a pupil's illness is detrimental to the health of others.
- 1.3.7. In making these arrangements the Leadership team should take into account that any medical conditions requiring support at school can affect quality of life and may be life threatening. They should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- 1.3.8 Assist with risk assessments for school visits, transitions, and other activities outside the normal timetable.
- 1.3.9 Ensure that staff are aware of the need to communicate necessary information about the medical conditions and where appropriate, taking the lead in communicating this information to other staff members, for example catering staff may need to be notified of specific food allergies and the need for labeling of food likely to be high risk, such as nuts and related allergies.

**1.4. Teachers and support staff are responsible for:**

- 1.4.1. The day-to-day management of the medical conditions of students they work with, in line with training received and as set out in IHCPs;
- 1.4.2. Working with the named person, ensuring that risk assessments are carried out for academy visits and other activities outside the normal timetable and provide this information to supply staff who will be covering their role when this is known in advance;
- 1.4.3. Providing information about medical conditions to supply staff, who will be covering their role where the need for supply staff is known in advance.

N.B. Any teacher or support staff member may be asked to provide support to a student with a medical condition, including administering medicines. However, no member of staff can be required to provide this support. Staff must not give prescription medicines or undertake health care procedures without appropriate training.

**1.5. The designated health care professional** or school nurse designated by the local CCG is responsible for:

- 1.5.1. Notifying the academy when a student has been identified as having a medical condition which will require support in the academy. Wherever possible, this should be done before the student starts at the academy.
- 1.5.2. Providing support for staff on implementing a student's HCP and providing advice and liaison, including with regard to training.
- 1.5.3. Contribute to annual or emergency reviews shedule EHCPs.
- 1.5.4. Deliver medical interventions and support directly to students as agreed between the academy and CCG. Liaise with parents/carers about the necessary interventions and support.
- 1.5.5. Ensure that staff are aware of the need to communicate necessary information about medical conditions and where appropriate, taking the lead in communicating this information to other staff members for example catering staff may need to be notified of specific food allergies and the need for labeling of food likely to be high risk such as nuts and related allergies.
- 1.5.6. Seek advice from any relevant healthcare professionals if needed.

**Parents** are expected to; Provide the school with sufficient information 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.

**Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. Pupils 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.

### **Local Authorities**

Local Authorities are the commissioners of school nurses and under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners and must make joint commissioning arrangements for education, health and care plan provision for children and young people with SEN or disabilities.

## **2. PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A STUDENT HAS A MEDICAL CONDITION**

2.1 The named person will liaise with relevant individuals including, as appropriate, parents, the individual student, health professionals and other agencies, to decide on the support to be provided to the student.

2.2. Where appropriate, an IHCP will be drawn up.

2.3. Appendix A outlines the process for developing IHCPs.

### **3. INDIVIDUAL HEALTHCARE PLANS (IHCP)**

3.1. An IHCP will help to ensure that the academy effectively supports students with medical conditions.

3.1.1. An IHCP will be written for students with a medical condition that is long term and complex.

3.1.2. It will clarify what needs to be done, when and by whom and will include information about the student's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency. Staff trained to deliver specific support for the student's condition will be indicated in the IHCP.

3.1.3. It will be drawn up using the templates available with the DFE statutory guidance on 'Supporting pupils with medical conditions at school'

3.2 Not all pupils with a medical condition will require an IHP. Where appropriate, plans will be drawn up in partnership with the school, parents, and a relevant health care professional, such as the school nurse, specialist, or pediatrician who can best advise on the pupil's specific needs. The pupil will be involved whenever appropriate.

3.3 IHCPs will be reviewed annually, or earlier if evidence is provided that a student's needs have changed. They will be easily available to all who need to refer to them, whilst preserving confidentiality.

3.4 IHPs will be linked to or become part of any education, health and care (EHC) plan. If a pupil has special educational needs or disability (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 school will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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 pupil'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, counseling sessions
- The level of support needed, including in emergencies. If a pupil 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- Roles and responsibilities of all those involved.

#### **4. ADMINISTERING MEDICINES**

- 4.1. Written consent from parents must be received before administering any medicine to a student at the Academy.
- 4.2. Medicines will only be accepted for administration if they are:
  - 4.2.1. Prescribed;
  - 4.2.2. In date;
  - 4.2.3. Labeled;
  - 4.2.4. Provided in the original container, as dispensed by a pharmacist, and they include instructions for administration, dosage and storage. Inside The exception to this is insulin, which must be in date but will generally be available an insulin pen or pump, rather than in its original container.
- 4.3. Medicines should be stored safely. Students should know where their medicines are at all times.
- 4.4. Written records will be kept of all medicines administered to students.
- 4.5. Students who are competent to manage their own health needs and medicines will be allowed, after discussion with parents/carers, to carry their own medicines and relevant devices, or will be allowed to access their medicines for self-medication.
- 4.6. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
- 4.7. Academies are permitted to purchase and store salbutamol inhalers and spacers to treat asthma attacks in emergencies where the a student's personal inhaler is unavailable. A headed letter signed by the Academy Principal stating the quantity and intended purpose must be provided to the supplier in order to facilitate this. An emergency kit with the following contents should be assembled once purchased, containing:

- 4.8.
    - 4.8.1. salbutamol metered dose inhaler
    - 4.8.2. at least two compatible plastic spacers
    - 4.8.3. instructions on use
    - 4.8.4. instructions on cleaning
    - 4.8.5. manufacturer's information
    - 4.8.6. inventory of inhalers including batch number and expiry date
    - 4.8.7. monthly check records
    - 4.8.8. arrangements for replacing equipment
    - 4.8.9. a list of pupils permitted to use inhaler as per IHCPs
    - 4.8.10. records of use of equipment
  - 4.9. The Academy must develop a formal process for the storage and care of the equipment, which should detail at least two individuals, one of which should be the named person responsible for students with medical needs, responsible for:
    - 4.9.1. monthly checks that the equipment is working and sufficient doses remain
    - 4.9.2. replacement equipment is obtained following use or expiration dates
    - 4.9.3. replacement spacers are available for use
    - 4.9.4. inhaler housings are cleaned, dried and returned to storage after use
    - 4.9.5. the kit is stored as per manufacturer's requirements in a central location away from student's allocated inhalers
- The emergency inhaler should be used only by those who have been prescribed a reliever inhaler AND have written parental consent to use an emergency inhaler.

For further information please consult the Department of Health Guidance on the use of emergency salbutamol inhalers in schools March 2015.

## **5. ANAPHYLAXIS AND THE USE OF EPIPENS**

- 5.1. Trust wide policy concerning anaphylaxis and the associated use of epipens by students whilst at School, including external visits.
- 5.2 Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy to food or an insect sting.
- 5.3 Anaphylaxis usually develops suddenly and gets worse very quickly. Symptoms include the following:
  - breathing difficulties – such as fast, shallow breathing
  - wheezing
  - a fast heartbeat
  - clammy skin
  - confusion and anxiety
  - collapsing or losing consciousness
  - Feeling lightheaded or faint
- 5.4 There may also be other allergy symptoms, including an itchy, raised rash (hives) and angioedema: a swelling underneath the skin, and/or feeling or being sick..

- 5.5 The UK Government guidance and [Guidance on the use of adrenaline auto-injectors in schools - GOV.UK](#) the flow chart therein on page 4 should be followed.
- 5.6 The key guidance includes the requirement that children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency.
- 5.7 The MHRA recommends that those who have prescribed AAI(s) should carry TWO devices at all times, since some students/staff can require more than one dose of adrenaline, and the possibility that an AAI device can be used wrongly or may occasionally misfire.
- 5.8 Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.
- 5.9 If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but **NOT** locked in a cupboard or an office where access is restricted. It is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil **must still have** access to an AAI when traveling to and from school.
- 5.10 The epipen should be used first and **before** calling for assistance from the ambulance service, bearing in mind that they may take some time to arrive. Staff must ensure that there is no delay in administering potentially life saving medication in any of LAT academies.
- 5.11 Training on allergy and anaphylaxis will be available on the Thrive website for all relevant staff from module 2 (2024). Further Information can be found here: [Anaphylaxis and severe allergic reactions](#).

### **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 pupil 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 pupil 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.

### **Pupils managing their own needs**

Pupils 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.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil 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.



## **Food Allergies**

Schools must ensure that needs are met for pupils with food allergies. Besides ensuring that IHPs for these pupils are shared with all staff including catering contractors as appropriate, the school will seek further information and advice from guidelines for schools at Allergy UK.

## **6 ACTION IN EMERGENCIES**

6 A copy of this information will be displayed in the Academy office:. To request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked:

1. The academy's telephone number;
2. Your name;
3. Your location [Academy address];
4. The exact location of the patient within the Academy;
5. The name of the child and a brief description of their symptoms;
6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.
- 6.1. Ask office staff to contact site staff to open relevant gates for entry. 6.12. Contact the parents to inform them of the situation.
- 6.2. A member of staff should stay with the student until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

## **7. ACTIVITIES BEYOND THE USUAL CURRICULUM**

7.1. Reasonable adjustments will be made to enable students with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.

7.2. When carrying out risk assessments, parents/carers, students and healthcare professionals will be consulted where appropriate.

### **7.3 Training**

Staff who are responsible for supporting pupils 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 pupils 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.

#### **Training will:**

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfill 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
- Be kept up to date

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.

## **8. UNACCEPTABLE PRACTICE**

8.1. The following items are not generally acceptable practice with regard to students with medical conditions, although the Academy will use discretion to respond to each individual case in the most appropriate manner:

81.1. Preventing students from accessing their inhalers and medication easily and administering their medication when and where necessary;

8.1.2. Assuming that every student with the same condition requires the same treatment;

8.1.3. Ignoring the views of the student or their parents, or ignoring medical evidence or opinion, (although this may be challenged);

8.1.4. Sending students with medical conditions home frequently or preventing them from staying for normal Academy activities, including lunch, unless this is specified in their IHCPs;

8.1.5. If the student becomes ill, sending them to the Academy office or medical room unaccompanied or with someone unsuitable;

8.1.6. Penalising students for their attendance record if their absences are related to their medical condition - e.g. hospital appointments;

8.1.7. Preventing students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

8.1.8. Requiring parents, or otherwise making them feel obliged, to come into the Academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the Academy is failing to support their child's medical needs;

8.1.9. Preventing students from participating, or creating unnecessary barriers to students participating in any aspect of Academy life, including Academy trips - e.g. by requiring parents to accompany their child.

## **9. LIABILITY AND INDEMNITY**

9.1. LAT insurers advise that the employers' and public liability covering all Academies meets the needs of the Trust in relation to the matters covered by this policy. It is incumbent upon the Trust and its Academies to ensure that all staff undertaking work with students who have medical needs are fully trained and qualified for the role that they discharge, and that limitations in training and qualifications are respected. Where necessary, risk assessments must be in place.

## **10. COMPLAINTS**

10.1. An individual wishing to make a complaint about actions regarding the Academy's actions in supporting a student with medical conditions should discuss this with the academy in the first instance.

10.2. If the issue is not resolved, then a formal complaint may be made, following the Trust's complaints procedure.

## **11. EQUALITY IMPACT STATEMENT**

11.1. LAT will do all it can to ensure that this policy does not discriminate against any individual, directly or indirectly. LAT will do this through regular monitoring and evaluation of policies. On review, the Trust shall assess and consult relevant stakeholders on the likely impact of policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but will not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. LAT will use an appropriate equality impact assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

## PROCESS FOR DEVELOPING INDIVIDUAL HEALTH CARE PLANS

