

# Supporting Students and Pupils with Medical Conditions, First Aid and Children with Health Needs who cannot attend school

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## **Rationale and Aim**

This policy explains our approach to supporting students with medical conditions in our academy. Some of our children and young people will have medical conditions that require support and some that will require first aid treatment and we want to do this so that they can have full access to education.

## **Policy**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of academies to make arrangements for supporting students at their school with medical conditions.

Some children with medical conditions may be disabled. Where this is the case, we comply with the Equality Act 2010.

Some may also have special educational needs (SEND) and may have an Education, Health and Care (EHC) plan. Our SEND policy sets out support for students with SEND.

The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel.

The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment for the risks to the health and safety of their employees.

The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept.

Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records.

The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils.

Ensuring a good education for children who cannot attend school because of health needs Statutory guidance for local authorities January 2013.

## **Procedure**

### **Implementation of the policy by a named person**

There will be a named person with responsibility for day-to-day implementation of this policy. This person is responsible for ensuring that staff are suitably trained. Sandie Shaw will be the named person.

All staff will be made aware of a child's condition through the Health Care Plan, and medical needs lists held in SIMS.

There will always be a number of trained first aid staff to ensure adequate cover in the case of staff absence. These staff will be aware of students' medical conditions.

Any supply or cover teachers will be made aware of the medical conditions of students that they will be teaching during their time in the academy.

The named person will support staff in planning educational visits and school trips involving students with medical conditions, ensuring that appropriate risk assessments are drawn up.

### **Notification that a pupil has a medical condition**

Parents should inform the academy of any medical conditions that their child may have. This information will be recorded on the new starter form and passed on during the transition process. The same procedures apply to in-year transfers.

The information will be recorded on the pupil/student file, and added to the medical needs register.

The school does not need to wait for a formal diagnosis before providing support for students. The school will work with parents and medical professionals to ensure that the correct support is in place as soon as is practicably possible.

### **Healthcare Plans**

When a child has a medical condition that requires support in school, and all are agreed that one is required, a health care plan will be obtained from the professional/agency involved and it must contain the following (taken directly from government statutory guidance, December 2015):

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil/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 pupil/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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the academy needs to be aware of the child'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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- They will be reviewed annually in consultation with healthcare professionals, parents, the child or young person and academy staff.
- Where a child has SEN and an EHC plan, the healthcare should be linked to or be part of EHC plan.

### **Roles and Responsibilities**

The Governing body is responsible for making sure that this policy is developed and implemented. They are to ensure that relevant staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The Headteacher is responsible for implementing the policy. They are to ensure that all staff are aware of the policy and that staff are aware of students' conditions, recruiting staff as needed and providing training. They should ensure that there is sufficient insurance in place.

Academy Staff may be asked to support students with medical needs, although cannot be required to do so. They should be sufficiently trained to undertake the duties. All academy staff should know what to do should a child with a medical condition require help.

School nurses notify the academy when a child has been identified as having a medical condition, which will require support in school and will write the healthcare plans. Schools will also notify school nurses of any changes in medical conditions that are pertinent to the healthcare plan.

Students should be fully involved in the process supporting their needs, and should contribute as much as possible to their healthcare plan. Children who are competent in managing their own needs should be encouraged to do so, including managing their own medication and procedures.

Parents should provide the academy with up to date information about their child's needs.

### **Staff Training and Support**

The member of staff responsible for students with medical conditions will review the needs of students in the academy and make a judgement on the training that is required for staff, they will then commission the training from relevant healthcare professionals.

Any member of staff being asked to support a pupil/student with medical needs will be given appropriate training.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

Whole school awareness training will be provided as required throughout the year.

### **Managing Medicines on School Premises**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

The designated First Aid Co-Ordinator will undertake training in the administration of medicines. In their absence, a nominated first aider will take on the role of administering medication.

If a student is required to take medication during the school day they will be asked to self-administer their own medication. Parents and carers must inform the academy in writing by completing a Parental agreement for a school to administer medicine form; which is available from the designated First Aid Co-Ordinator.

Prescribed medication will only be given if it is in the original container from the pharmacy, clearly stating pupil/student name, D.O.B. name of medication and dosage to be administered. It must be in-date. If they have over the counter medication to take this will also be accepted if the parent/carer completed the permission form.

Epi-Pens should be in a plastic container, which is clearly labelled with pupil/student's name, D.O.B & should contain the NHS Health Care Plan.

Medications for the control of asthma, diabetes and allergies may be carried by students themselves, but must be used in a safe and responsible manner. Emergency supplies will be stored by the designated First Aid Co-ordinators room and be accessible at all times.

Parent/Carers are responsible for medications being delivered to the academy and collecting unused medication at the end of treatment.

Prescribed medicines in the controlled drugs category will be held by the designated First Aid Co-ordinator in a locked, non-removable cabinet in the designated First Aid Co-ordinators room.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

The designated First Aid Co-ordinator will keep accurate records of all medications administered, and will inform parent/carers of any reactions to medication.

The Academy will ensure that staff accompanying trips and visits are aware of any students needing medication, and will be advised by the designated First Aid Co-ordinator to speak with parent/carers prior to the visit.

Wherever possible students should be allowed to carry their own medicines or own devices or should be able to access their own medication for self-administration quickly and easily.

### **Unacceptable Practice**

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil 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 pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils 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 pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

### **Administration of First Aid, Pain Relief, Antihistamines and Rescue Medication**

First Aid will be administered by staff members who are suitably qualified, under the guidance of the First Aid Co-ordinator.

Pain relief, antihistamine and rescue medication (Including EpiPen's and Buccal Midazolam) will only be administered following written consent from parent /carers. This consent is requested on entry, or via the Parental agreement for a school to administer medicine form.

No students will be given aspirin, unless prescribed by a doctor.

Only those staff trained in administration of EpiPen's and Buccal Midazolam should administer the medication.

The designated First Aid Co-Ordinator will ensure no other medications containing Paracetamol has been taken by student on the day.

The designated First Aid Co-ordinator will keep accurate records with student name, D.O.B, tutor Group, time, dosage and reason given.

A copy of Administration of Pain Relief form will be kept on record in school.

### **Students Carrying their own Pain Relief**

We do not encourage students to carry pain relief medication for use during the day. This needs to be managed in the same way as any other medication.



## **Emergency Salbutamol**

In line with the Department for Health "Guidance on the use of emergency inhalers in schools<sup>1</sup>" we may keep an emergency Salbutamol inhaler for those students with a diagnosis of asthma and an existing prescription for salbutamol.

The emergency salbutamol inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a child's healthcare plan.

## **Emergency Procedures**

The individual healthcare plan will clearly state what needs to be done in an emergency.

If a student needs to be taken to hospital, staff will stay with the pupil/student until a parent arrives to take them to hospital or accompany them in the ambulance.

A defibrillator is available in the school medical room, along with other emergency equipment.

## **Trips, Visits, Sports Activities and Transport**

We will actively support all students with medical conditions to enable them to take part in the full range of trips, visits, sporting activities and events organised in our academies.

Group leaders and supervisors must be made aware of medical needs and how it will affect the activity, with appropriate risk assessment being put in place. Staff should follow Central Bedfordshire Policy on Education visits and Journeys.

It may be helpful to notify the school transport providers about a child's medical needs.

## **Record Keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils.

The GDPR policy contains information on the storage and retention of data.

## **Liability and Indemnity**

Poppy Hill MAT will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

## **Children with Health Needs who cannot attend school**

Where a child with health needs is unable to attend school, in accordance with the Statutory Guidance for Local Authorities (Ensuring a good education for children who cannot attend school because of health needs, HM Govt, January 2013), the school will meet with parents and request support from Central Bedfordshire Medical Needs Service.

The guidance states "LAs should, however, arrange provision as soon as it is clear that an absence will last more than 15 days and it should do so at the latest by the sixth day of the absence, aiming to do so by the first day of absence. Where an absence is planned, for example for a stay or recurrent stays in hospital, LAs should make arrangements in advance to allow provision to begin from day one." (ibid. s.15)

We will collaborate fully with the LA Medical Needs service and ensure that the support provided is always in the best interest of the child.

We will work with the LA medical needs service in order to create bespoke reintegration plans for young people returning to school following a period of absence due to their health needs.

## **Handling Complaints**

The Complaints Policy sets out the process that needs to be followed to pursue a complaint.

## **Monitoring and Evaluation**

The effectiveness of this policy will be monitored and evaluated through ongoing self-evaluation and analysis of the outcomes of students with medical conditions, including attendance rates, achievement profile and involvement in school life.

## **Implementation and Review**

This will be implemented by the members of staff with responsibility for first aid.

This policy will be made known to all staff, parent/carers, students and governors via the academy website.

This policy will be reviewed by the Governors every year.

## **Links with other policies**

*Accessibility plan*

*Complaints*

*Equality policy*

*First aid*

*Health and safety*

*Safeguarding*

*Special educational needs information report and policy*

*GDPR*