



Meole Brace School

Learning Respect Success

Supporting Students with Medical Conditions

Senior member of staff responsible: Mrs Jennie Fisher Operations Manager

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Statement of intent

The governing body of Meole Brace School 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.

Meole Brace 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.

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.

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.2. This policy has due regard to the following school policies:

- First Aid Policy
- SEND Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- TrustED CSAT Alliance Complaints Procedure

2. Roles and responsibilities

The governing body is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support students with medical conditions.
- Ensuring that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each student and what support is required to support their individual needs.
- Instilling confidence in parents/carers and students in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective student is denied admission to the school because arrangements for their medical condition have not been made.
- Ensuring that students' health is not put at unnecessary risk. As a result, the board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher is responsible for:

- The overall implementation of this policy..
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.

- Ensuring that staff are appropriately insured and aware of the insurance arrangements.

Parents/carers are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Students are responsible for:

- Being fully involved in discussions about their medical support needs.
- Contributing to the development of their IHP.
- Being sensitive to the needs of students with medical conditions.

School staff are responsible for:

- Providing support to students with medical conditions, including the administering of medicines, but are not required to do so.
- Taking into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Knowing what to do and respond accordingly when they become aware that a student with a medical condition needs help.

The school nurse is responsible for:

- Notifying the school at the earliest opportunity, when a student has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and provides advice and training.
- Liaising with lead clinicians locally on appropriate support for students with medical conditions.

Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to students' needs, and that health services are able to cooperate with schools supporting students with medical conditions.
- Making joint commissioning arrangements for education, health and care provision for students with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for students who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable students.

Other healthcare professionals, including GPs and paediatricians:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA is responsible for:

- Commissioning school nurses for local schools.
- Promoting co-operation between relevant partners.
- Making joint commissioning arrangements for education, health and care provision for students with SEND.
- Providing support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that students with medical conditions can attend school full-time.

Where a student is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the student is unlikely to receive a suitable education in a mainstream school.

Ofsted inspectors will consider how well the school meets the needs of the full range of students, including those with medical conditions. Key judgements are informed by the progress and achievement of students with medical conditions, alongside students with SEND, and also by students' spiritual, moral, social and cultural development.

3. Admissions

Admissions will be managed in line with the school's Admissions Policy

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

4. Notification procedure

When the school is notified that a student has a medical condition that requires support in school, the school first aider informs the headteacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the student, with a view to discussing the necessity of an IHP (outlined in detail in section 8).

The school does not wait for a formal diagnosis before providing support to students. Where a student's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).

For a student starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution. Where a student joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

5. Staff training and support

Any staff member providing support to a student with medical conditions receives suitable training. Staff do not undertake healthcare procedures or administer medication without appropriate training. Training needs are assessed by the school first aider through the development and review of IHPs, on an annual basis for all school staff, and when a new staff member arrives.

Through training, staff have the requisite competency and confidence to support students with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken. The school first aider confirms the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate does not constitute appropriate training for supporting students with medical conditions.

Whole-school awareness training is carried out on an annual basis for all staff, and included in the induction of new staff members.

The school first aider identifies suitable training opportunities that ensure all medical conditions affecting students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training is commissioned by the Operations Manager and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- Parents/carers of students with medical conditions

Parents/carers of students with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing body will provide details of further CPD opportunities for staff regarding supporting students with medical conditions.

16. Self-management

Following discussion with parents/carers, students who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.

Where possible, students are allowed to carry their own medicines and relevant devices. Where it is not possible for students to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily. If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Behaviour Policy

7. Supply teachers

Supply teachers are:

- Provided with access to this policy.
- Informed of all relevant medical conditions of students in the class they are providing cover for.
- Covered under the school's insurance arrangements.

8. Individual healthcare plans (IHPs)

The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a student, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.

The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the student is also involved in the process.

IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The student's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the student's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the student's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the student.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or student, the designated individual to be entrusted with information about the student's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a student has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a student has an EHC plan, the IHP is linked to it or becomes part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

9. Managing medicines

In accordance with the school's First Aid Policy, medicines are only administered at school when it would be detrimental to a student's health or school attendance not to do so.

Students under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the student without the parent/carer's knowledge. In such cases, the school encourages the student to involve their parents/carers, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the student's health not to do so
- When instructed by a medical professional

No student under 16 years of age is given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents/carers are informed any time medication is administered that is not agreed in an IHP.

The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines are stored safely. Students know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, students are informed of who holds the key to the relevant storage facility. When medicines are no longer required, they are returned to parents/carers for safe disposal.

Sharps boxes are always used for the disposal of needles and other sharps.

Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a student for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

The school holds asthma inhalers for emergency use. The inhalers are stored in the first aid room and their use is recorded. Inhalers are always used in line with the school's Asthma Policy.

Records are kept of all medicines administered to individual students – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

Adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Operations Manager and Catering team, Caterlink will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a student has been prescribed an AAI, this will be written into their IHP.

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 each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

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 anaphylaxis, the First Aid Officer will be contacted via radio / telephone. Where there is any delay in contacting first aiders, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the first aiders with administering AAIs, such as where the student needs 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 first aid 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 be 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 AAIs are 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

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.

11. Record keeping

Written records are kept of all medicines administered to students. Proper record keeping protects both staff and students, and provides evidence that agreed procedures have been followed.

12. Emergency procedures

Medical emergencies are dealt with under the school's first aid policy.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Students will be informed in general terms of what to do in an emergency, eg. Telling a teacher

If a student needs to be taken to hospital, a member of staff will remain with the student until their parents arrive. When transporting students with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

13. Day trips, residential visits and sporting activities

Students with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition to a risk assessment, advice is sought from students, parents/carers and relevant medical professionals. The school will arrange for adjustments to be made for all students to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

14. Unacceptable practice

The school will never:

- Assume that students with the same condition require the same treatment.
- Prevent students from easily accessing their inhalers and medication.
- Ignore the views of the student and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send students home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell student to the first aid room alone or with an unsuitable escort.

- Penalise students with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to students participating in school life, including school trips.
- Refuse to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

15. Liability and indemnity

The governing body ensures that appropriate insurance is in place to cover staff providing support to students with medical conditions.

The school holds an insurance policy covering liability relating to the administration of medication. The policy has the following requirements:

- All staff must have undertaken appropriate training.

All staff providing such support are provided access to the 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.

16. Complaints

Parents/carers or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the TrustED CSAT Alliance Complaints Procedure. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents/carers and students are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17. Home-to-school transport

Arranging home-to-school transport for students with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for students with life-threatening conditions.

18. Defibrillators

The school has three automated external defibrillators (AED). AEDs are stored in the first aid room, in the Sports Centre and in the Learning Hub.

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

A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

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 by First Aid Officer, with a record of all checks and maintenance work being kept up-to-date by the First Aid Officer.

19. Policy review

This policy is reviewed on an annual basis.



Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form

Name of child	
Date of birth	
Form	
Medical condition or illness	
Name and phone no. of GP	

Name/type of medicine <i>(as described on the container)</i>	
Dosage and method	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes to my child's medication in writing.

Date _____ Signature(s)_____

Please note: It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labeled and in date.