
Supporting Pupils with Medical Conditions Policy for Northallerton School

Author	Mrs. S. Bell, Designated Safeguarding Lead and SENCo, Northallerton School & Sixth Form College
Date Updated	September 2024
Approved by	23 rd January 2025

Introduction

The **School Committee** of Northallerton 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.

Northallerton 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.

1. Legal Framework

This policy has due regard to legislation and government guidance 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

This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting students at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years' -
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy has due regard to the following school policies

- First Aid policy
- SEND Policy

2. The role of the School Committee

The School Committee is responsible for ensuring there is a policy in place. The Head of School holds overall responsibility for implementation of this policy.

3. The role of the Head of School

The Head of School:

- ensures that this policy is effectively implemented with stakeholders
- ensures that all staff are aware of this policy and understand their role in its implementation
- ensures 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
- considers recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported
- ensures that staff are appropriately insured and aware of the insurance arrangements

4. The role of parents/ carers

The parents/ carers:

- notify the school if their child has a medical condition
- provide the school with sufficient and up-to-date information about their child's medical needs and medication
- are involved in the development and review of their child's IHP
- carry out any agreed actions contained in the IHP
- ensure that they, or another nominated adult, are contactable at all times and can attend the school promptly if required
- Ensure that your child's medication in school is in date.

5. The role of students

The students:



- are fully involved in discussions about their medical support needs
- contribute to the development of their IHP
- are sensitive to the needs of other students with medical conditions

6. The role of school staff

The school staff:

- may be asked to provide support to students with medical conditions, including the administering of medicines, but are not required to do so
- receive sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions
- know what to do and respond accordingly when they become aware that a student with a medical condition needs help

7. The role of other agencies

The school will work with a range of other agencies including the Healthy Child Team, other healthcare professionals and the Local Authority so that students with medical conditions are appropriately supported and IHPs can be effectively delivered.

8. Admissions

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

9. Notification Period

When the school is notified that a student has a medical condition that requires support in school, R. Bell arranges for school records to be updated. Following this, and as necessary, 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.

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 first aid officer, SENCo and Interim Executive Principal/Headteacher based on all available evidence (including medical evidence and consultation with parents/ carers).

For a student starting at the school in a September intake, 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.

10. 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 first aid officer and SENCo through the development and review of IHPs 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 they are asked to support, their implications, and any preventative measures that must be taken.

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

Awareness training is carried out on an annual basis for all appropriate staff, or when required.

The first aid officer 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.

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.

11. 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 with parents/ carers written consent.

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 a breach of school policy and appropriate action is taken in accordance with our Behaviour Policy.

If students carry their own medication, they should only bring the dose/ amount for one day.

Students will be made aware that they are not to pass any medication to other students.

12. Supply Teachers

Supply teachers are:

- Informed to call on call for first aid/medical assistance
- covered under the school's insurance arrangements

13. Individual healthcare plans (IHPs)

The school, healthcare professionals and parents/ carers 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 Head of School makes the final decision.

The school, parents/ carers 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 Interim Executive Principal/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 parents/ carers 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 and is shared with all relevant staff in school.

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, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

14. Managing Medicines

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 parents/ carers written consent – except where the medicine has been prescribed to the student without the parents/ carers 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
- with parents' or carers' written consent

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. This is then logged.

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, or taken to the pharmacy.

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.

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

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.

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.

15. Adrenaline auto-injectors (AAIs)

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

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 with R. Bell for easy access in the event of an emergency and is also available on the shared google drive: Student Medical Information.

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.

If students do not carry their own AAI device, these are stored in the first aid room and in first aid bags with the on-duty first aider.

Designated staff members will be trained through completing a First Aid course, 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 staff member will be contacted via radio. The AED will be collected from either Cuthbert or Arbor reception (whichever is closer) and taken to the location of the student.

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 student needs restraining.

For each student who needs an AAI, the school will store a spare one for use in the event of an emergency. This 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 in both Cuthbert and Arbor reception, 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 if advised by the emergency services, the spare AAI will be used.

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.

Where any AAIs are used, the following information will be recorded:

- 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.

16. Record Keeping

Written records are kept of all medicines administered to students.

17. Emergency procedures

Medical emergencies are dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- what constitutes an emergency
- what to do in an emergency

Students are informed in general terms of what to do in an emergency, such as telling a teacher.

If a student needs to be taken to hospital, a member of staff remains with the student until their parents/ carers arrive.

18. 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.

19. Home-to-school transport

Arranging home-to-school transport for students with medical conditions is the responsibility of parents in liaison with 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.

20. Defibrillators

The school has two AEDs automated external defibrillator.

They are stored at both Arbor and Cuthbert reception.

All staff members and students are aware of the AEDs 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, only first aid trained 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 needs to be used.



Maintenance checks will be undertaken on AEDs on a regular basis by the first aid officer, with a record of all checks and maintenance work being kept up-to-date by the designated person. During school holidays, these checks will be delegated to another member of staff.