Richard Lander School

Supporting Students at School with Medical Conditions Policy

Policy Effective From: September 2026

Responsibility: Head/Deputy Head/Medical Officer/Governing Body

Review: Reviewed and monitored by: Head/Deputy Head/Medical Officer/Governing Body

Review Date: September 2027

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of Richard Lander to make arrangements for supporting children with medical conditions. The Department for Education have produced statutory guidance 'Supporting pupils at school with medical conditions' and the school has developed this policy in line with this guidance.

Richard Lander works to ensure that students with medical conditions are properly supported and have full access to education, including school trips and physical education. The aim is to ensure that all students with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Students with Medical Conditions document. All staff have a duty of care to follow and co-operate with the requirements of this policy. Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

The medical policy sits alongside our Health & Safety Policy and First Aid Policy.

Key Roles & Responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for:

- Ensuring that arrangements are in place to ensure Richard Lander School supports students with medical conditions to enable the fullest participation possible in all aspects of school life.

- Ensuring that support is focussed on the needs of each student and how their medical condition impacts on their school life.
- Ensuring that no student with a medical condition is denied admission or is prevented from taking up a place because arrangements for their medical condition have not been made.
- Ensuring that the Safeguarding needs of other students are not put at risk on the admission of a student with a medical condition that could be detrimental to the health of others, for example, potential transfer of infectious diseases.
- Ensuring that the policy for supporting students with medical conditions is reviewed regularly and is readily accessible to parents and staff.
- Ensuring there is a named person who has overall responsibility for policy implementation.
- Ensuring that there is a clear policy which sets out the procedures to be followed whenever the school is notified that a student has a medical condition, when a student with a medical condition is transferring in and out of the school and the reintegration procedure for students returning to school following a long term medical absence.
- Ensure members of school staff are able to access information and other teaching support materials as needed.

The Deputy Head is responsible for:

- Ensuring the policy for supporting students with a medical condition is reviewed annually.
- Ensuring that all aspects of the policy for supporting students with a medical condition is adhered to and implemented by the medical, pastoral and safeguarding teams working in partnership with outside agencies as required.
- Ensuring all staff are sufficiently trained to implement the policy.
- Ensuring that the medical room is fully operational on a day to day basis.
- Performance management of the school medical officer.
- Ensure that Individual Healthcare Plans are kept confidentially and capture the key information that is required about a student's condition.
- Ensure that individual healthcare plans are reviewed annually.

Teachers and Support Staff are responsible for:

- Raising any concerns regarding a student's medical condition with a member of the medical team.
- Taking into consideration any requirements within the classroom to support a student with a medical condition as set out in their Individual Healthcare Plan.
- Undertaking training as required by the medical team, for any student with a medical condition whether they are supervising them on or off site.

The School Medical Team is responsible for: Providing care and first aid treatment to all members of school community. This includes:

- Working in partnership with students, parents, carers, school staff and relevant multi professional agencies.
- Responsibility for the day to day running of the Medical Room.

- Assessing signs and symptoms of childhood injuries, acute and chronic illnesses and their likely impact on student safety within the school setting.
- Recording and disseminating health related information regarding students' medical conditions accurately and safely.
- Evaluating and updating Individual Healthcare Plans.
- Providing health-related training, risk assessments and advice for students and staff, in order for students to access all educational opportunities (including full school attendance and curriculum learning; sports activities, and day or residential trips).
- Updating school medical policies and procedures as needed / yearly.
- A commitment that all relevant staff will be made aware of the student's health condition
- Cover arrangements in the case of staff absence or staff turnover to ensure someone is always available.

Parents/carers are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Students are responsible for:

- Providing information about how their condition affects them.
- Being fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Being sensitive to the needs of those with medical conditions.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the Medical Officer when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing individual healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a student has a medical condition.

We will aim to identify children with medical conditions on entry to the school by collaborative working arrangements with parents/ carers. In addition, we will identify

students with medical conditions through liaison with the Cornwall School Nurse Service and information obtained from School Entry documentation, to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

We also identify children through liaison with other health care professionals e.g. Specialist nurses, GPs etc. Where a formal diagnosis is awaited, or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Our Medical and transition team, will contact all Partner Primaries in April of Year 6 to obtain information on all known medical conditions of students to be transferred to ensure transitional arrangements are in place and arrangements are made for any staff training or support. These arrangements are in place for the start of the relevant new term.

Where students transfer mid-year, every effort will be made to ensure that arrangements are put in place within two weeks.

Our SENDCO will liaise with the medical team to support students with complex medical condition on their Education, Health and Care (EHC) plan. Individual Healthcare plans are then created for each student with complex medical conditions.

Medical conditions are those with potential need for medical input whilst in school, either on a short or long term basis and include conditions such as moderate and severe asthma, diabetics, severe allergies, heart conditions, epilepsy and other chronic illnesses.

Richard Lander School will not always wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, investigation will ensue to ensure whether some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual Healthcare Plans (IHP)

Statutory Requirement: The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent / carer will agree based on evidence when an individual healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the school medical team to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the student. The medical team will work in partnership with the parents/carer, and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the student to draw up and/or review the plan. Where a student has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We have referenced the individual healthcare plan template produced by the DfE to personalise our IHP.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with the Local Authority and education provider to ensure that the individual healthcare plan identifies the support the student will need to reintegrate effectively.

Where students are under the care of a medical professional, we ask that we are included in the distribution list for reports generated.

The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed. Plans shall be developed with the student's best interests in mind and ensure that the school assesses and manages the risks to the student's education, health and social well-being and minimise disruption.

When deciding what information should be recorded on individual healthcare plans, the governing body shall consider the following:

- The medical condition, its triggers signs, symptoms and treatments.
- The student's resulting needs.
- How absence will be managed.
- The level of support needed particularly if a student self manages their medication.
- Who needs information about the student's condition in the school and what additional training is required.
- Written permission from parents/carers for medication to be administered by staff or self-administered by the student during school hours.
- What to do in an emergency

Staff training

All new staff and cover staff will be inducted on the policy when they join the school through the medical team. All training will be in agreement with healthcare professionals.

Records of training will be stored on Staff records.

All nominated staff will be provided awareness training on the school's policy for supporting students with medical conditions which will include what their role is in

implementing the policy. This training will be carried out annually and will be provided to staff by the medical team.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and 6 emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A staff training record will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training. The training is dependent on the needs of the students in the staff's care e.g. classroom, around site, on trips – on and off site.

The training will include how to deal with emergency situations, how to administer treatment e.g. inhaler, Epi-pen and how to notify parents and emergency services.

The student's role for those with IHP that self-administrate medicines

Where possible and in discussion with parents, students that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a student who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity). This usually only applies to medicines such as insulin, adrenalin (e.g. auto injectors) and asthma inhalers.

Where possible we will endeavour to ensure that students can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the medical team are responsible for ensuring students are supported with their medical condition whilst on site, therefore this may include managing medicines where it would be detrimental to a student's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (the Medication Consent Form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the

student without the knowledge of the parents. In such cases, we will make every effort to encourage the student to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises is in place, using the medication consent form, and the record of medication issued (recorded on SIMS).

The name of the student, dose, expiry time of last dose and shelf life dates will be checked before medicines are administered.

The 7Rs of medicine administration will be followed. Before administration, the following checks will be made: right student; right medication; right dose; right route; right time; right reason; right documentation. This is based on the Nursing and Midwifery Council Standards for Medicines Management (2015).

On occasions where a student refuses to take their medication the parents/carers will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Students who are able to use their own inhalers themselves are encouraged to carry it with them. If the student is too young or immature to take personal responsibility for their inhaler, the medical team should make sure that it is stored in a safe but readily accessible place, and clearly marked with the student's name.

Controlled drugs will be securely stored in a metal non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a student to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual student is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines that are in the original packaging with written consent on the "Medication Consent Form" e.g. eye drops, Feminax, Gaviscon, cough medicine. This will also only be on a short term basis (Where the school have concerns they will seek further guidance from their link School Nurse).

Medication Consent Forms are available on the school website.

It is our policy (with reference to the RCN policy) to give age appropriate doses of paracetamol, ibuprofen and anti-histamine to secondary age students as described on the packet, if written consent from the parents has been received in advance of administration. This is usually through the medical consent completed during transition to Richard Lander School. We will check with the student that they have not previously taken any medication containing paracetamol or ibuprofen within the preceding 4 hours.

The Medical Officer has paracetamol, ibuprofen and antihistamine preparations in school to eliminate the need for students to bring these onto the school site.

We will never administer aspirin to any student under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken.

We will always notify parents through the diary to inform them that medication has been administered in school.

Emergency medicines will be stored in a safe location in the medical room but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Glucose gel and quick acting glucose drinks and snacks for diabetic hypoglycaemia

Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a locked cabinet.

Where medicines need to be refrigerated, they will be stored in a refrigerator in a clearly labelled airtight container.

Students will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at an appropriate temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the "Medication Tracking form".

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally.

Medical Accommodation

The medical room will be used for all medical administration/treatment purposes. The location/room will be made available between the hours of 8.45am to 3.30pm. Students with non-emergency medical issues after 1pm (the end of lesson 4) should not visit the medical room, but report to student reception. Students with non-emergency medical issues after 2.25 (the start of lesson 5) should wait for parental advice when they return home following Lesson 5. This will allow the medical team time to ensure all facilities and records are up-to-date.

Record keeping

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form and daily medication form. The form will be kept on file.

Parents will have been informed of any possible side effects of over the counter medicines as part of the consent process. The Medical Officer will inform parents if there are any concerns regarding amounts of medication being requested or any unwanted or side effects of any medication students have been prescribed or requested to take in school.

A record of medicine administered will also be recorded in the student diary.

Emergency Procedures

Where a student has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other students in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another student.

Where a child is required to be taken to hospital, a member of staff will stay with the student until their parents/carers arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day trips/off site activities

We will ensure that teachers are aware of how a student's medical condition will impact on their participation in any off-site activity or day trip, but we will ensure that there is enough flexibility for all students to participate according to their own abilities with any reasonable adjustments.

We will consider what reasonable adjustments we might make to enable students with medical conditions to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. We will consult with parents, students and relevant healthcare professionals to ensure that students can participate safely.

Other issues for consideration

Safeguarding

Our Medical Officer is Level 3 Safeguarding trained as well as operating within the school's safeguarding framework. The Medical Officer reports to the Designated Safeguarding Lead and works in close partnership with the safeguarding team where necessary.

Asthma

Richard Lander School holds a supply of asthma inhalers for emergency use in school and on school trips. The Department of Health has published a protocol which provides further information. We follow this for guidance for storage, safe administration and documentation of this medicine.

Home to school transport

Richard Lander School, along with parent's work with transport providers to ensure they are aware of a student's individual healthcare plan and what it contains, especially in respect of emergency situations.

Defibrillators

An AED or defibrillator is a machine used to give an electric shock when a person's heart has stopped beating normally. When this happens, early basic life support and defibrillation can markedly increase a person's chance of survival.

Richard Lander School has four defibrillators as part of its First Aid equipment. They are located in the Medical office, at Main Reception, in the ARB corridor and in the Art corridor. It is checked monthly by the Medical Officer. All First-Aid trained staff have received training on Basic Life Support and the safe use of defibrillators and are able to promote these techniques more widely in school to both teachers and students. The DfE guide for Schools on AED's (2015) is followed with regard to our defibrillator in school.

Fractures

All students with confirmed fractures that are not supported by a full cast are at risk of further injury by being in school. In consultation with parents these students are advised not to attend school until they have had a follow up appointment and a full cast applied. The Risk Assessment form should be completed on return to school.

Exceptions to this are upper arm/shoulder fractures which do not require immobilizing in a cast, fingers, toes and small bone fractures of the hand or foot.

When a student attends school with a fracture, Medical will inform all staff who teach the student and ask that they be allowed to leave class 5 minutes early with a buddy to reduce the risk of further injury.

Use of crutches or walking boots

Students attending school requiring crutches or walking boots to aid mobility must be risk assessed by Medical. A Risk Assessment Form must be completed.

Crutches or walking boots are only to be used in school if issued by a health professional. Students must have been shown how to use the stairs by a physiotherapist in order to use the stairs in school.

Students who have not been shown how to use the stairs or deemed unsafe by a physiotherapist must use the lift where available. If classrooms are not accessible by a lift provision will be made to move the class onto the ground floor or for the student to go to the LRSC and have work provided by the class teacher.

Medical will inform all staff involved in teaching the student of their mobility status, to reduce the risk of further injury they will be able to leave lesson 5 minutes early with a buddy to help with bags, doors, lift etc.

Infection Control

Infectious illnesses such as diarrhoea and vomiting are often seen in school settings. In order to avoid the spread of such illnesses, students with these symptoms are asked to stay at home until 48 hours after the last episode of vomiting or diarrhoea. This is based on the recommendations in the Guidance on infection control in schools and childcare settings (Public Health England 2014 version 2). This document is also referenced for other common childhood illnesses such as impetigo; hand, foot and mouth and chickenpox.

Nuts in school and Food Allergies

For full guidance please refer to the Allergy Awareness Policy

We have a large number of students with mild food allergies and a smaller number with life threatening allergies or anaphylaxis. All such students are identified through data collected from feeder schools and from parents who inform us of their children's medical conditions usually when joining the school. Care plans are completed for all students with a moderate or severe allergy with details of the allergy, foods to be avoided, medication to be given and whether the reaction is life threatening. Students who carry auto-injectors are asked to carry one device on them and to keep a spare one in the unlocked medical room cupboard. This is following good practice for schools as identified by the Anaphylaxis campaign (www.anaphylaxis.org.uk).

We are currently not a "nut free" school as nut bans are discouraged in much of the allergy literature; as they are impossible to ban completely and monitor (www.anaphylaxis.org.uk). However, staff receive 1-2 yearly awareness training on how to recognise and deal with all types of allergic, including anaphylactic reactions. Where students with moderate or severe allergies go off site for day, sports or residential trips a medical risk assessment if completed and emergency medication and care plans accompany them.

We have written a Management plan for students with Food Allergy in the DT Department.

Unacceptable practice

Staff are expected to use their discretion and judge each student's individual healthcare plan on its merits, it is not generally acceptable practice to:

- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every student with the same condition requires the same treatment;
- Ignore the views of the student or their parents; or ignore medical evidence or opinion (although this may be challenged);
- Send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If a student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their students, including with toileting issues.
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the student.

Liability and Indemnity

All members of staff at Richard Lander School have liability cover relating to the administration of medication to students either on or off the school site.

Complaints

Any initial concerns that a parent/carer has about their child's individual health care plan, should be raised with a member of the medical team. If this is not resolved satisfactorily, the concern should be escalated to the Deputy Head for Health & Safety/Safeguarding. If, following further discussion the issue remains unresolved, Richard Lander School's complaints policy should be followed with concerns addressed in writing to the Headteacher.

This policy is written with reference to:

- Children's and Families Act 2014 – section 100
- Supporting pupils at school with medical conditions – December 2015 (DfE)
- Automated external defibrillators (AEDs) – a guide for schools – October 2015 (DfE)
- Equality Act 2010
- Guidance on emergency asthma inhalers for use in schools - September 2014 (Department of Health)

And alongside current Richard Lander Policies:

- SEND Code of Practice
- Health and Safety Policy
- First Aid Policy
- Head Bump/Concussion Policy