DHS Supporting Students with Medical Conditions Policy 2026-2027

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Durrington High School

Supporting Students with Medical Conditions Policy

2026-2027

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This policy will be reviewed annually on or before September 2027

1 Definition of 'medical condition'

1.1 For the purposes of this policy, a medical condition is any illness or disability which a student has. It can:

- be physical or mental
- be a single episode or recurrent
- be short-term or long-term
- be relatively straightforward (e.g. the student can manage the condition themselves without support or monitoring) or complex (requiring ongoing support, medicines or care while at school, to help the student manage their condition and keep them well)
- involve medication or medical equipment
- affect participation in school activities or limit access to education.

1.2 Medical conditions may change over time, in ways that cannot always be predicted.

1.3 The school recognises that some students with medical conditions may also be disabled within the meaning of the Equality Act 2010. Where this applies, the school will consider and implement reasonable adjustments to ensure that students are not placed at a substantial disadvantage compared with their peers.

2. Policy statement and principles

2.1 This school is an inclusive community that aims to support and welcome students with medical conditions. This school understands its responsibility to make the school welcoming, inclusive and supportive to all students with medical conditions and provide them with the same opportunities as others at the school.

2.2 We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

2.3 The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

2.4 Staff receive ongoing training and are regularly updated on the impact medical conditions can have on students. The training agenda is based on a review of current healthcare plans.

2.5 All staff feel confident in knowing what to do in an emergency.

2.6 This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

2.7 This school understands the importance of medication being taken as prescribed.

2.8 All staff understand the common medical conditions that affect children at this school.

2.9 This school has developed this policy with input from our welfare officers, safeguarding team and any specific relevant advice from school nurses or other professionals. The board of trustees has a statutory duty to make arrangements for students with medical needs under s.100 of the Children and Families Act 2014. The policy and supporting documents are based on Department of Education statutory guidance (December 2015) *Supporting students at school with medical conditions.*

2.10 The medical conditions policy is supported by a clear communication plan for staff, parent(s)/carer(s) and students to ensure its full implementation.

- Generic information is communicated to parent(s)/carer(s) in a number of ways; Letters home (electronically wherever possible), Arbor communication, social media or printed letters (generally distributed by students)
- Communication from external agencies, such as the vaccination team are shared as required
- Students with specific conditions that require managing/school support generally have a student specific health care plan in place. This will detail the condition, its impact and support needed/medication. These are reviewed annually in conjunction with the parent(s)/carer(s) and medical professionals (if relevant)
- Key dates such as vaccinations are published on the school website.

2.11 This school ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, emotional, sporting and educational activities.

2 Roles and responsibilities

3.1 Parent(s)/carer(s) are responsible for what medical condition their child has (and keep the school updated on those existing and new conditions), if they have an Individual Healthcare Plan (IHP), daily medical needs and for trips/residential, changes to condition, labelled medication. Parent(s)/carer(s) should actively engage with the school and be supportive if difficulties arise.

3.2 Students are responsible for ensuring they inform responsible adults how their condition affects them/notify of medical condition if not carried out by parent(s)/carer(s). If they are responsible for an element of their IHP, for example attending medical at a set time for medication, they should ensure they do this independently.

3.3 The board of trustees are responsible for ensuring that the policy is sufficient to meet the requirements of section 100 Children and Families Act 2014, ensuring health and safety measures for staff and students, risk assessments are inclusive of students with medical conditions, medical policy is kept up to date, report on medical policy success and improvement and provide indemnity to staff who volunteer to administer medication.

3.4 Co-Headteachers are responsible for ensuring the school is inclusive and welcoming, that medical policy is in keeping with local and national guidance and frameworks, liaising between interested parties, ensuring policy is implemented and kept up to date, ensuring training for staff [the policy must expressly state who is responsible for ensuring that sufficient staff are suitably trained; in most cases, this will be the Co-Headteachers] and ensuring insurance arrangements are sufficient to keep school staff covered, keep the school nursing service informed and engaged with individual students.

3.5 Teachers and other school staff should be aware of triggers and symptoms of conditions and how to act in an emergency, know which students have a medical condition, allow students immediate access to emergency medication, communicate with parent(s)/carer(s) if a child is unwell, ensure students have their medication when out of the classroom, be aware if students with medical conditions suffer bullying or need extra social support, understand common medical conditions and impact on students, ensure all students with medical conditions are not excluded unnecessarily from activities, ensure students with medical conditions have adequate medication and sustenance during exercise, be aware medical conditions can affect school work, liaise with parent(s)/carer(s) if a child's learning is suffering due to medical condition, use opportunities to raise awareness of medical conditions.

3.6 **3.6 Welfare Team, First Aiders and Health Professionals**

The Welfare Team, First Aiders and other relevant health professionals are responsible for:

- Contributing to the review and development of the school's medical conditions policy.
- Supporting the creation, implementation and review of Individual Healthcare Plans (IHPs).
- Providing advice, guidance and training to staff on common and emerging medical conditions.
- Identifying and arranging additional specialist training where required.
- Providing first aid and immediate support to students who become unwell or are injured.
- Ensuring that emergency services or other medical professionals are contacted when necessary.

3.7 SENCO, Pastoral Leaders and Welfare Team

The SENCO, Pastoral Leaders and Welfare Team are responsible for:

- Maintaining awareness of students whose medical conditions impact on learning, attendance, wellbeing or special educational needs.
- Ensuring that appropriate support, reasonable adjustments and special consideration are in place where required.
- Working with teaching staff, families and external professionals to support students with medical conditions.
- Ensuring that students with medical conditions are not disadvantaged or unnecessarily excluded from lessons, activities, educational visits or wider school life.
- Supporting the review of Individual Healthcare Plans where a medical condition affects a student's educational, social or emotional needs.

3 Students who cannot attend school because of health needs

In the exceptional circumstances where a an appropriately qualified professional(s) deem a student to be unfit to attend school due to a diagnosed medical condition or disability, the school will work with the student, parent(s)/carer(s) and professionals to develop a plan that supports their return to school at the earliest appropriate opportunity, whilst maintaining access to the core elements of their education.

Personalised plans require the proactive support of all stakeholders and will be created collaboratively and under the guidance of professionals. The goal of all plans is to support attendance, participation and successful reintegration into mainstream education.

Hence, whilst the school will make reasonable adjustments and provide appropriate support, this should not be interpreted as removing the expectation that students attend school wherever it is reasonably possible to do so.

The school does not determine eligibility for provision under Section 19 of the Education Act 1996. Information regarding attendance, alternative provision and the Local Authority's responsibilities under Section 19 can be found within the school's Attendance Policy.

5. Monitoring of IHPs

5.1 This school uses Individual Healthcare Plans (IHPs) to record important details about individual children's medical needs at school. The plans will include the following (depending on the individual circumstances):

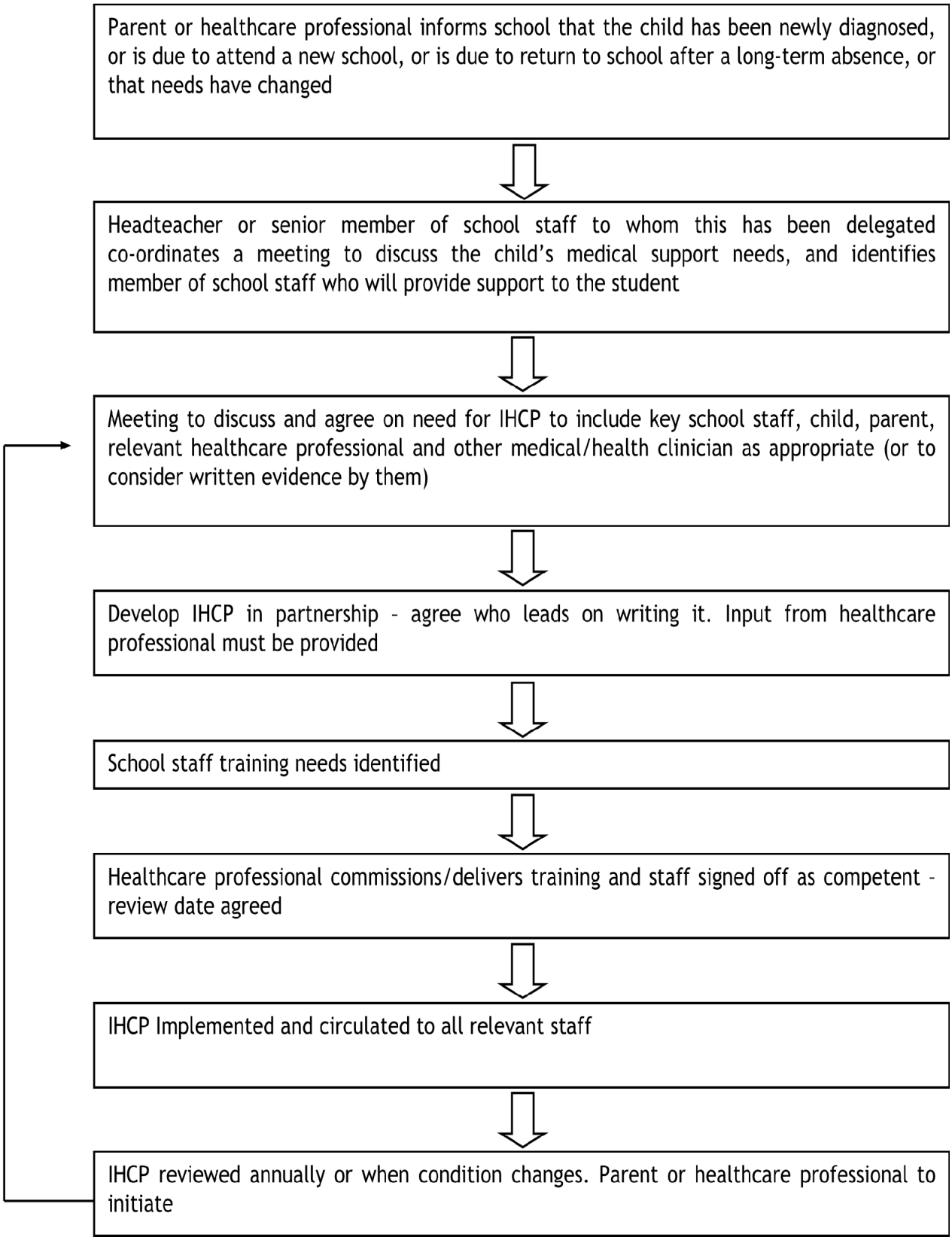
- Details of the medical condition – triggers, signs, symptoms and treatments
- Details of the impact of the condition on the child including the need for medication or other support, facilities or equipment that may be required
- Details of any specific support required to meet the individual's education, social or emotional needs
- Training requirements
- Internal information requirements (who needs to know)
- Parental consents for administration of medicine and sharing information
- Details of the designated individuals to be entrusted with information about the student's condition, where confidentiality issues are raised by the student or parent
- Information relevant to off-site visits
- Emergency information.
- Further documentation can be attached to the IHP if required.
- IHP's are created/updated for the start of each school year. They are sent to parent(s)/carer(s) and if relevant, medical professionals for review comment.
- If a student has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the student's parent(s)/carer(s) to complete.
- The parent(s)/carer(s), healthcare professional and student with a medical condition, are asked to fill out the student's Individual

Healthcare Plan together. Parent(s)/carer(s) then return these completed forms to the school.

- This school ensures that a relevant member of school staff is also present, if required to help draw up an Individual Healthcare Plan for students with complex healthcare or educational needs.

5.2 Visually, this is represented in the table on the following page:

Monitoring of an IHP:



4 School health care register

All medical information is stored within the Arbor MIS.

5 Ongoing communication and review of IHPs

Parents/carers play a key part in helping school staff to review and update IHPs. It is parents/carers responsibility to alert the school if/when medical conditions and/or medication change, this in a timely way.

IHPs will be updated based on new information or on an annual basis, whichever is sooner.

6 Storage and access to IHPs

Hard copies of IHP's are kept in Medical Office, and accessible to the Medical Team. Copies are circulated to relevant staff upon receipt of an IHP. A central allergy list is kept in school and shared with our catering provider.

7 IHPs are used by this school to:

- Inform all relevant staff and supply teachers about the individual needs of a student with a medical condition in their care.
- Remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times.
- Identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
- Ensure that all medication stored at school is within the expiry date.
- Ensure this school's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency.
- Remind parent(s)/carer(s) of students with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

8 Reviewing IHPs

10.1 Individual Healthcare Plans are reviewed at annually or sooner if it is apparent needs or diagnoses have changed. The Co-Headteachers (or someone designated by them) shall, as soon as practicable, contact the

student's parent(s)/carer(s) and the relevant healthcare provider to ascertain whether the current Individual Healthcare Plan is still needed or needs to be changed. If the school receives notification that the student's needs have changed, a review of the Individual Healthcare Plan will be undertaken as soon as practicable.

10.2 Where practicable, staff who provide support to the student with the medical condition shall be included in any meetings where the student's condition is discussed.

9 Administration of medication

11.1 The school understands the importance of taking the medication as prescribed.

11.2 All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so. Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to students under the age of 16 with parental consent following appropriate training and in accordance with that child's IHP and/or arrangements that have been agreed in writing by the school.

11.3 Our board of trustees is responsible to ensure full insurance and indemnity to staff who administer medicines. Our insurance policy includes liability cover and will be made available to staff on request.

11.4 Medicines will only be administered at the school when it would be detrimental to a student's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.

11.5 Administration of medication which is defined as a controlled drug (even if the student can administer themselves) should be done under the supervision of a member of staff.

10 Storage of medication

10.1 Safe storage – emergency medication (including adrenaline auto-injectors)

- Emergency medication is readily available to students who require it at all times during the school day. If the emergency medication is classified as a controlled drug it will be stored according to guidance.

- All students carry their own adrenaline auto-injectors at all times and a spare kept. This is stored in the medical room.
- Students are reminded to carry their emergency medication with them.

10.2 Safe storage – non-emergency medication

- All non-emergency medication will be kept in a lockable cupboard in the medical room. First aiders will have access to this.
- Students with medical conditions know where their medication is stored and how to access it.
- Staff will ensure that medication is only accessible to those for whom it is prescribed.

10.3 Safe storage – general

- The Welfare Officer is responsible for ensuring the correct storage of medication.
- Medication checks are conducted by the Welfare Officer at least termly and more frequently where expiry dates require this.
- The Welfare Officer along with the parent(s)/carer(s) of students with medical conditions, ensures that all emergency and non-emergency medication brought into school is in the original container (except insulin) and clearly labelled with the student's name, the name and dose of medication and the frequency of dose. This includes all medication that students carry themselves.
- Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. This is in a secure area, inaccessible to unsupervised students.
- It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- Sharps bins and clinical waste bins are located in the medical room. Out of date medication is taken to a local pharmacy for disposal.

11 Record keeping

13.1 A medical information form is sent out to all new students enrolled at the school before their start date. Those with pre-existing medical conditions that require medication in school have annual contact to check for changes.

13.2 Once information is received from the parent(s)/carer(s)/Healthcare professional advising of the medical condition a template for the IHP is sent to the family for completion including medical evidence and consent for administering prescribed or non-prescribed medication in school.

13.3 A consent form is provided to the family for the administering prescribed or non-prescribed medication in school including information such as the duration of medication and the time of day for when it needs to be administered.

13.4 Records are kept of all medication that is administered whether this is routine or one off with parents/carers being informed as required.

In an emergency

14.1 Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.

- In an emergency school staff are required under common law duty of care to act like any reasonably prudent parent(s)/carer(s). This may include administering medication.
- Staff involved in home-to-school transport under the responsibility of the local authority are also kept up to date about a child or young person's medical needs via the Individual Healthcare Plan.
- A selection of both teaching and non teaching staff are first aid trained. Some complete the three day first aid course, this includes the Welfare team. All training is refreshed at the appropriate time.
- This school uses Individual Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students with complex health needs in their care who may need emergency help. Supply staff are briefed on entry to the school; when undertaking their commissioned duties.
- In the event of an emergency a copy of the students IHP is given to the healthcare professionals to ensure all information is shared.
- All relevant information is shared.
- If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. This school will try to ensure that the staff member will be one whom the student knows. The staff member concerned should inform a member of the school's senior management and/or the school's critical incidents team.
- All students with medical conditions should have easy access to their emergency medication. Items such as inhalers and adrenaline auto-injectors are held by the student who must take the responsibility to have it to hand at all times.
- Students are encouraged to administer their own emergency medication (e.g. EpiPen) where possible and should carry it with them at all times unless it is a controlled drug as defined in the

Misuse of Drugs Act 1971. This also applies to any off-site or residential visits.

- Students are encouraged to keep spare supplies of emergency medication.
- For off-site activities, such as visits, holidays and other school activities outside of normal timetable hours, a risk assessment is undertaken to ensure students needing medication still have access and a staff member is named as the responsible lead. The risk assessment also helps to identify any reasonable adjustments that need to be made.

12 Unacceptable practice

15.1 Our staff recognise that it is not acceptable practice to do the following:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parent(s)/carer(s); or ignore medical evidence or opinion (although this may be challenged).
- Send children 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 the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children 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 parent(s)/carer(s), or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parent(s)/carer(s) to accompany the child.

13 Complaints

16.1 Complaints about support in accordance with this policy should be dealt with in accordance with the school's published complaints policy.

14 Appendix

17.1 [Form to send to parent(s)/carer(s) to find out medical needs]

17.2 [Form to send to parent(s)/carer(s) about short-term medical needs]

17.3 [IHP form]

17.4 [Details of named first aiders and certain roles and responsibilities]

17.5 Epilepsy

17.6 Asthma

17.7 Diabetes

17.8 Anaphylaxis

15 Review of policy

This policy is reviewed annually by the Academy Trust.