



HARROGATE
GRAMMAR SCHOOL
EXCELLENCE FOR ALL

Policy: Supporting students with medical conditions

Member of Staff Responsible

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Approved by Full Board on:

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Supporting students with medical conditions policy

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1. Policy Scope

This policy is for all staff, students, parents and carers, governors, visitors and partner agencies who work with the school. It provides principles, guidelines and procedures as to how Harrogate Grammar School ensures students with medical conditions are fully supported.

2. Aims

This policy aims to ensure that:

- Staff, parents/carers and students understand how our school will support students with medical conditions.
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of a student's condition, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support a student with a medical condition.
- Providing supply teachers with appropriate information about the policy and relevant students.
- Developing and monitoring individual healthcare plans (IHPs).

3. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting students at school with medical conditions](#).

4. Policy links

This policy also links to the following Harrogate Grammar School policies:

- Equality Policy
- Special Educational Needs and Disability
- Substance use and misuse (including Tobacco and Alcohol)
- Complaints
- Safeguarding
- Health and Safety
- Management of offsite visits

- Attendance
- First Aid

5. Roles and responsibilities

5.1 The governing body

The governing body has ultimate responsibility to make arrangements for the support of students with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

5.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way.
- Contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

5.3 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will consider the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

5.4 Parent/Carers

Parents/Carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.

- Be involved in the development and review of their child's IHP.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

5.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

5.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the schools nurses and notify them of any students identified as having a medical condition.

6. Equal opportunities

Harrogate Grammar School is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

7. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, students are placed on the Medical List. This information is shared with staff through the HGS Staff Portal. Some Students will require an Individual Health Plan.

8. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to Tim Milburn, Deputy Headteacher.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done.

- When.
- By whom.

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a student has SEN, but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body, Headteacher and the Deputy Headteacher, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the student's condition and the support required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition.

- What to do in an emergency, including who to contact, and contingency arrangements.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

See Appendix 1.

9. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so and
- Where we have parents'/carers' consent.

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents/carers.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school 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, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

9.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All

other controlled drugs are kept in a secure cupboard and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

9.2 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

9.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable 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/carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the student becomes ill, send them to First Aid 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/carer, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, 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 their child.
- Administer, or ask students to administer, medicine in school toilets.

10. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

The procedure for calling an ambulance is in Appendix 2.

11. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Headteacher/Deputy Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students.
- Fulfil the requirements in the IHPs.
- Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

12. Record keeping

The governing board will ensure that written records are kept of all medicine administered to students. Parents/carer will be informed if their student has been unwell at school.

IHPs are kept in on Provision Maps and accessible to all relevant staff.

13. Liability and indemnity

RKLT will ensure the appropriate level of insurance is in place.

The details of the school's insurance policy are: THS

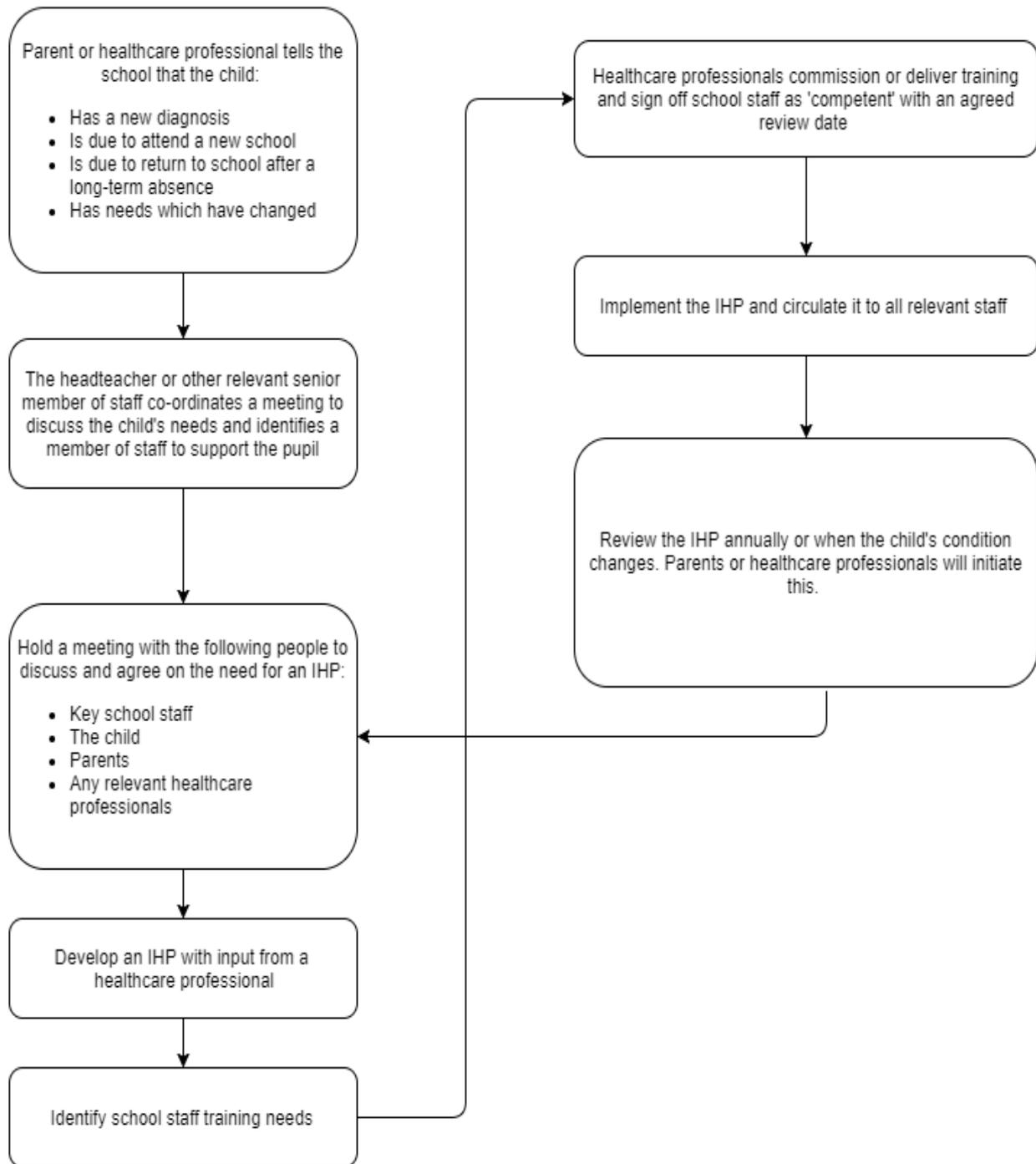
14. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Deputy Headteacher in the first instance. If the Deputy Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

15. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

Appendix 1: Being notified a child has a medical condition



Appendix 2: Procedure for calling an Ambulance to school

<p style="text-align: center;">PROCEDURE TO FOLLOW IF A STUDENT HAS AN ACCIDENT OR SERIOUS ILLNESS THAT REQUIRES AN AMBULANCE TO BE CALLED TO SCHOOL</p>

- Following a serious accident or serious illness to a student the member of staff present will contact reception to ask for a First Aider to attend.
- The First Aider on call will attend and assess the situation and if required will call or ask a member of SLT to call an ambulance.
- **Please only call an ambulance if a student cannot be moved or if they have life threatening injuries.**
- If a student suffers an injury i.e. sprain/strain, bruising, possible fracture, but can be moved it is advised that parents are contacted to take their child to hospital by car.
- The First Aider will request a member of SLT to attend, preferably the Director of School for that Key Stage, and the Year Manager. They must have a Walkie Talkie with them, and preferably a mobile phone if the location is outside the building.
- The member of SLT will allocate roles to those on scene.
- The Year Manager will call the parents of the injured/ill student.
- The person calling an ambulance must be at the scene and remain there.
- Parents will be asked by the Year Manager to come straight to school to escort the student in the ambulance to hospital.
- If parents cannot get to school in time they will be asked to go straight to the hospital to meet up with the student. If this is the case the student **must be** escorted in the ambulance by a member of staff who will stay with the student until passed onto the care of a parent. This will be arranged by the First Aider and the member of staff does not need to be first aid trained. Once the student has been passed into the care of a parent the member of staff will return to school.
- The Site Team will be contacted to help direct the ambulance staff the way to the student who is injured or not well.

- The member of SLT, plus lead First Aider, will then ensure an accident form is completed by all members of staff present. Sarah Davies will issue the accident form.
- The accident form must be completed the same day and returned to Sarah Davies who will file it and send a Riddor report the Trust.