



Mayflower
High School

**SUPPORTING STUDENTS WITH
MEDICAL CONDITIONS
POLICY**

DOCUMENT CONTROL SHEET

Policy	Amendment	Staff Member	Committee/Date	FGB Approved:	Start Review On :
Supporting Students with Medical Conditions	As tracked changes	Richard Griffiths, AHT: Inclusion	Curriculum 7 June 2021	12 July 2021	Spring 2023
Supporting Students with Medical Conditions	As tracked changes	AHT: Student Welfare	Curriculum 13 November 2023	4 December 2023	Spring 2025
Supporting Students with Medical Conditions	Provide Healthcare has been removed, Section 8 Self-harm & Appendix 4 have been removed	Senior Assistant Headteacher	Policy 16 June 2025	FGB 7 July 2025	1 March 2027

This Policy is effective until superseded

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1. THE STATUTORY FRAMEWORK

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions.

In meeting the duty, the Governing Body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section.

2. KEY POINTS

- Students at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education
- Governing bodies must ensure that arrangements are in place in schools to support students at school with medical conditions
- Governing bodies should ensure that school leaders consult health and social care professionals, students, and parents to ensure that the needs of children with medical conditions are effectively supported

3. CONTEXT

1. On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support students at school with medical conditions. The statutory guidance in this document is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both 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
2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because students with long-term and complex medical conditions may require on-going support, medicines or care whilst at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and students feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals, and listen to and value the views of parents and students
3. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition, and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers, and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a student's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.
4. Some children with medical conditions may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs (SEN) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the SEND policy.

4. ROLES AND RESPONSIBILITIES

The SENDCo has responsibility for ensuring that students with medical conditions are supported in school.

The Governor responsible for ensuring that students with medical conditions are supported in school is Debra Campbell.

The Governing Body will ensure that arrangements are in place to support students with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority or by the school. Consideration will also be given to how children will be reintegrated back into school after periods of absence.

In making these arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The school will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. Mayflower High School will ensure that these arrangements give parents and students confidence in our ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a student's ability to learn, as well as increase their confidence and promote self-care. Where administration of medication is required, the SENDCo will ensure that there are sufficient properly trained members of staff to react in the case of an emergency.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition cannot be made.

However, in line with their safeguarding duties, the Governing Body will ensure that students' health is not put at unnecessary risk from, for example, infectious diseases. The school therefore does not have to accept a child in school at times where it would be detrimental to the health of that child or to others.

5. IMPLEMENTATION

Who is responsible for ensuring that sufficient staff are suitably trained?

SENDCo will ensure that all staff are properly trained to meet the needs of all students. In the case of a student that requires 1:1 supervision, for example in the case of Epilepsy, the SENDCo will apply to the Local Authority for additional funding to meet these needs.

How will all relevant staff be made aware of the child's condition?

The SENDCo will liaise with Healthcare Professionals and other relevant professionals as well as the student and family to produce an 'Individual Healthcare Plan' (IHCP), if the requirements differ from those in the standard school protocols, which outlines medical details and care procedures. Serious medical needs are recorded in the Serious Medical Conditions Booklet, which is accessible to all staff.

What are the cover arrangements in case of staff absence or staff turnover to ensure someone is always available?

The SENDCo will ensure that students with specific and high-level medical needs are always covered by an additional adult in the case of staff absence.

How will supply teachers be briefed?

Supply teachers will be given a copy of the Serious Medical Conditions booklet as part of the cover file and will be given class lists.

What are the risk assessments for school visits, holidays, and other school activities outside of the normal timetable?

Any member of staff organising a trip is responsible, with the support of the EVC, to correlate the list of students who have medical needs against those students involved in the trip. The teacher in charge of the trip will be responsible for collecting all medical forms and medicines which may need administering. Where specific training is required to administer medication, the EVC will ensure that a member of staff who is trained to do so accompanies the trip. The teacher in charge of the trip is responsible for completing an additional needs form.

Risk assessment for the trip, will include specific details about any students with medical conditions and will reference the Individual Healthcare Plan.

Who will monitor Individual Healthcare Plans?

The SENDCO, supported by the Admin Team, will monitor and where appropriate reissue individual plans. In consultation with other healthcare professionals, any amendments will be made and these will be redistributed to the relevant staff. Any staff trained in administering medicines will receive additional training as required.

The school will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The template for the Individual Healthcare Plan will be issued to parents annually to be reviewed and updated. The parents are responsible for informing the school of any changes in the students' Healthcare needs. Individual Healthcare Plans should be developed with the child's best interests in mind and will ensure that the school assesses and manages risks to the child's education, health and social well-being, and minimises disruption. Where the child has a special educational need identified in an EHC Plan, the individual healthcare plan should be linked to or become part of that EHC Plan. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority or education provider to ensure that the Learning Plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on Individual Healthcare Plans, the school will consider the following:

- What the medical condition is, 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, for example crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs will be considered – 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, (some children will be able to take responsibility for their own health needs), including in emergencies

- If a child is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring plans. It will identify who will provide this support, any training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional. Arrangements will be made for when they are unavailable

The school will consider who in the school needs to be aware of the child's condition and the support required, this would normally be all teachers of the student, as well as pastoral staff, and any additional adults who would regularly come into contact with the student.

Written permission will be sought from parents for medication to be administered by a member of staff, or self-administered by the student during school hours; separate arrangements or procedures will be required for school trips or other school activities outside of the normal school timetable. These arrangements will ensure the child can participate, and will include risk assessments.

Where confidentiality issues are raised by the parent/child, the SENDCo and the senior managers will decide which individuals are to be entrusted with information about the child's condition; and what to do in an emergency. This will include whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan. If appropriate, this information will be shared with appropriate staff.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The schools' ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parents and students will be critical. An essential requirement is to identify collaborative working arrangements in any planning document, usually this will be the full Care Plan and it will show how the school will work in partnership to ensure that the needs of students with medical conditions are met effectively.

6. KEY ROLES

The Headteacher will ensure that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. The Headteacher, who delegates this responsibility to the SENDCo, will ensure that all staff who need to know are aware of the child's condition. The Headteacher will ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The Headteacher has overall responsibility for the development of Individual Healthcare Plans and delegates this to the SENDCo. The Headteacher and Governing Body will also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way.

School staff - any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should consider the needs of students with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

School nurses - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition, which will require school support. Wherever possible, they should do this before the child starts at the school. They would not usually have an

extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, including GPs and Paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (for example, Asthma, Diabetes).

Students – with medical conditions will often be best placed to provide information about how their condition affects them. They will be 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.

Parents – must provide the school with sufficient and up-to-date information about their child's medical needs in writing. 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. Parents should carry out any action they have agreed to as part of its implementation, for example, provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of the school, clinical commissioning groups and NHS England, with a view to improving the well-being of children.

Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual planning can be delivered effectively. Local authorities will work with the school to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for *15 days or more* because of health needs (whether consecutive or cumulative across the school year).

Providers of health services - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses. This should include participation in locally developed outreach and training. Health services can provide valuable support, information, advice, and guidance to schools, and their staff, to support children with medical conditions at school.

7. TRAINING

Training will be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to students with medical conditions, will be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. When appropriate, the school will choose to arrange training independently and will ensure this remains up-to-date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions. It will enable staff to fulfil the requirements as set out in individual healthcare plans. Appropriate staff will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Healthcare Plans). The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will 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.

8. MANAGING MEDICINES

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents whilst respecting their right to confidentiality.

Non-prescription medicines will not be routinely administered by school staff and parents will be expected to provide and give consent for medicines to be administered. Any child under 16 will not normally be given medicines containing Aspirin or Ibuprofen unless prescribed by a doctor and with written consent from the parent or carer.

Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours. The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

All medicines will be stored safely and students will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters, and adrenaline pens should be always readily available for students to use and not locked away. This is particularly important to consider when outside of school premises, for example on school trips.

Any student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. It is the preference of the school that controlled drugs that have been prescribed for a student are securely stored in a non-portable container and only named staff have access.

Named staff will be recorded in any planning documents relating to the administration of this medication. Any controlled drugs will be easily accessible in an emergency. School staff may administer a controlled

drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.

Mayflower High School will keep a record of all medicines administered to individual students, stating what, how, and how much was administered, when, and by whom. Any side effects of the medication to be administered at school will be noted.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

9. EMERGENCY PROCEDURES

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Where a child has an Individual Healthcare Plan, or Serious Medical Condition covered by the school standard protocols, this will clearly define what constitutes an emergency and explain what to do. This will include ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school will be educated to know what to do in general terms, through form time or individually when appropriate. This would include informing a teacher immediately if they think help is needed. If a child needs to be taken to the hospital, staff will stay with the child until a responsible adult arrives, or accompany a child taken to the hospital by ambulance.

10. SCHOOL TRIPS

The school will ensure that arrangements are clear and unambiguous about the need to support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Mayflower High School will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits.

It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the relevant healthcare professional to ensure that students can participate safely.

11. UNACCEPTABLE PRACTICE

The statutory guidance document from the DfE states clearly the practice which is unacceptable, these include:

- Preventing children from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assuming that every student with the same condition requires the same treatment
- Ignoring the views of the student or their parents; or ignore medical evidence or opinion, (although this evidence may be challenged by the school)

- Sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans
- Sending a student with a medical condition to the Student Reception or the Medical Room unaccompanied or with someone unsuitable
- Penalising students' attendance record if their absences are related to their medical condition, for example, hospital appointments
- Preventing students from drinking, eating, or taking toilet or other breaks whenever they need to, in order to manage their medical condition effectively
- Requiring parents, or carers (or 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
- Preventing students from participating, or creating unnecessary barriers to students participating in any aspect of school life, including school trips, for example by *requiring* parents to accompany the child

12. LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Insurance policies will be accessible to staff who are providing support to students. Insurance is arranged through Essex County Council and policies are available to all staff upon request from the School Business Manager.

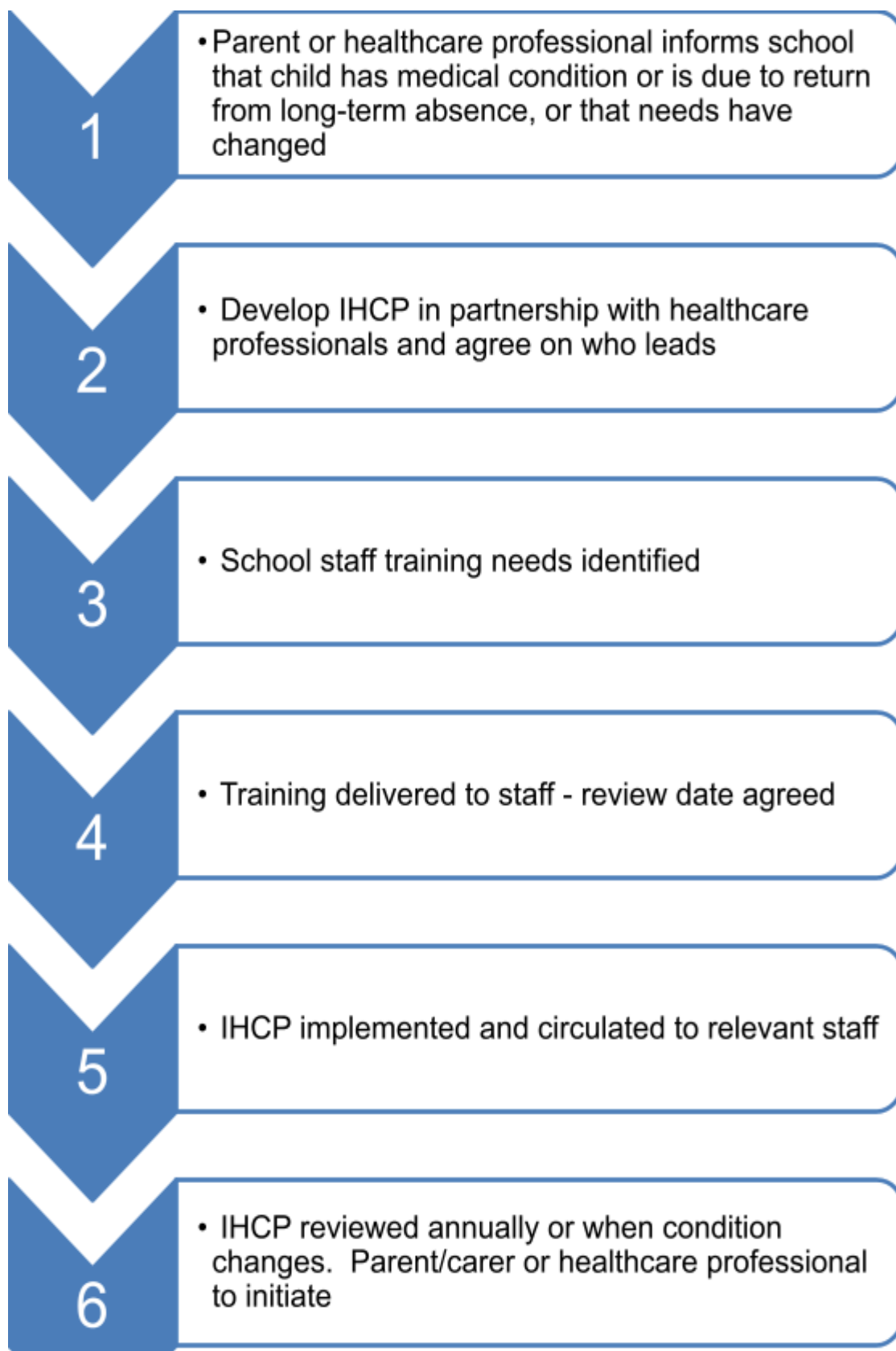
Insurance policies will provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required will be ascertained directly from the relevant insurers.

Any requirements of the insurance such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer and staff will be supported in such action by the governing body

13. COMPLAINTS

Should parents or students be dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints policy.

Making a formal complaint to the Local Authority or Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and students) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.



Appendix 2 – Request for school to administer medication



Mayflower High School

Date:

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION	
Students Full Name:	Tutor Group:
Address:	
Condition/Illness:	
Name/Type of Medication:	
For how long will the student be taking medication?	
Is medication prescribed by the Doctor?	YES/NO (Please delete accordingly)
Date Dispensed:	Dose:
Frequency of Doseage:	Timing:

Additional instructions/information: (e.g. before/after food, interaction with other medicines, possible side effects, storage instructions)

I understand that I must deliver the medicine personally, or send it with my child, to Reception, replace any medication used and collect any remaining medication when the course is completed. I accept that the School has a right to refuse to administer medication and that it is my responsibility to ensure that all medication is within the expiry date and to inform the School of any drug changes.

Name: (please print)	Relationship to student:
Signed:	Date:

NB Drugs / Medicines sent to school MUST be in current pharmacy-labelled containers please.

<i>School use only:</i>	
<i>Remaining medication returned to parent on (insert date)</i>	
<i>or disposed of on (insert date)</i>	

Appendix 3 – Drug Dispensing Record Sheet

DRUG DISPENSING RECORD SHEET

Name of Student: _____ **Tutor Group** _____

[illegible]

Appendix 4

Adrenaline Auto-Injectors (AAIs)

Schools are able to purchase spare adrenaline auto-injectors (also known as AAIs), without prescription, to treat Anaphylaxis. AAIs can deliver a potentially life-saving dose of adrenaline to someone suffering a severe allergic reaction.

Legislation allows school staff to administer an emergency AAI to any child who has been assessed as being at risk of Anaphylaxis.

Mayflower High School will hold 2 auto injectors. Permission will be sought from parents to use the school injectors, if required, and we no longer hold individual AAIs for students.

It is parents' responsibility to ensure that students are equipped with their own AAI's when they are at school and taking part in school activities such as school trips or sporting events.

Adrenaline Auto-Injectors Consent Form

«Parental_Salutation»
«Apartment» «HouseName»
«HouseNumber» «Street»
«District»
«Town»
«Postcode»

Date

Student Name: «Forename» «Surname» Tutor Group: «Reg»

I confirm that «Forename» has been prescribed an auto-injector to deal with severe anaphylactic shock.

The auto-injector was prescribed by _____ surgery.
(Please complete these details)

*I do/do not (*Please delete as appropriate) give permission for the school to use its own establishment auto-injectors on my child should it need to do so.

Please enclose a copy of the prescription label from «Forename»'s auto-injector

Signed _____ Date _____
Parent/Carer

Print Name _____
Parent/Carer