



Penistone Grammar School

Policy Statement:
**Supporting Students
with Medical Conditions**

Never Stop Flying

Supporting Students with Medical Conditions

Date of Policy: ~~October 2022~~ July 2023
Date of Next Review: ~~October 2023~~ July 2024

The Governing Body of Penistone Grammar School has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

A copy of this policy will be made available on our website; a paper copy will be provided upon request by emailing enquiries@penistone-gs.uk.

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This policy was reviewed in **October 2022** and has been approved for implementation by the Governing Body on the date as signed below.

Dated:

Principal

Dated:

Chair of the Governing Body

1. Statement of Intent

Penistone Grammar School believes it is important that parents and carers of students with medical conditions feel confident that the school provides effective support for their child's medical condition, and that students feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Students with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risk of students experiencing these difficulties.

Long-term absence as a result of medical conditions can affect educational attainment, impact upon integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some students with medical conditions may be considered disabled under the definition set out in the [Equality Act 2010](#). The school has a duty to comply with the Equality Act in all such cases.

In addition, some students with medical conditions may also have Special Educational Needs or Disabilities (SEND) and have an Education, Health and Care (EHC) plan collating their health, social and SEND provision. For these students, compliance with the Department for Education's (DfE) [SEND Code of Practice: 0 to 25 years](#) and the school's [SEND Policy](#) will ensure compliance with legal duties.

To ensure that the needs of students with medical conditions are fully understood and effectively supported, we consult with Health and Social Care Professionals, students and their parents/carers.

2. Legal Framework

2.1 This policy has due regard to legislation including, but not limited to, the following:

The Children Act 1989	The Human Medicines (Amendment) Regulations 2017
The Children and Families Act 2014	The Medicines Act 1968
The Education Act 1996 (as amended)	The Misuse of Drugs Act 1971
The Education Act 2002	The National Health Service Act 2006 (as amended)
The Equality Act 2010	The School Premises (England) Regulations 2012 (as amended)
The Health and Safety at Work Act 1974	The Special Educational Needs and Disability Regulations 2014 (as amended)
DfE (2022) 'First aid in schools, early years and further education'	

2.2 This policy has due regard, but not limited to, the following guidance:

Guidance on First Aid for Schools (DfE 2000)	Supporting Pupils at School with Medical Conditions (DfE 2015)
SEND Code of Practice: 0 to 25 years (DfE 2015)	The Education Inspection Framework (Ofsted 2019)

2.3 This policy has due regard, but not limited to, the following school policies:

Attendance and Medical Needs Policy	First Aid Policy
Attendance Policy	Health & Safety Policy
Behaviour Policy	SEND Policy
Complaints Procedure Policy	



3. Roles and Responsibilities

3.1 The **Governing Body** holds overall responsibility for implementation of this policy including:

- Ensuring the school is legally fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support students with medical conditions.
- Ensuring that students with medical conditions can access and enjoy the same opportunities as any other students at the school.
- Ensuring that the school works with the LA, health professional, commissioners and support services in ensuring students with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each student and what support is required to support their individual needs.
- Ensuring the school instils confidence in parents, carers and students in its ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and can access information and other teaching support materials as needed.
- Ensuring that no prospective student is denied admission to the school because arrangements for their medical condition have not been made.
- Ensuring that students' health is not put at unnecessary risk. As a result, the Governing Body holds the right to refuse to accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

3.2 The **Principal** is responsible for the following:

- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Holding overall responsibility for the development of IHPs.
- Ensuring that medical insurance is in place through the Local Authority agreement under which the school obtains cover.
- Ensuring that Supply Teachers are covered under the school's insurance arrangements.

3.3 **Parents and Carers** are responsible for the following:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Taking full and active involvement in the development, implementation and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they or another nominated adult are always contactable.
- Ensuring the up-to-date supply of any medication required to be held by school along with details of its administration.

3.4 **Students** are responsible for the following:

- Playing a full and active part in discussions about their medical support needs.
- Contributing to the development, implementation and review of their IHP.
- Being sensitive to and respectful of the needs of students with medical conditions.

3.5 The role of other **school staff** is detailed below:

3.5.1 The **Front Office Team** are responsible for the following:



- Providing support to students with medical conditions specifically in relation to the administering of medicines (can refuse to do so).
- Storing any medical supplies provided for students securely and appropriately and disposing of them safely when it has expired or is no longer required.
- Reporting to parents the expiry or depletion of emergency medications in storage.

3.5.2 **First Aiders** are responsible for the following:

- Providing support to students with medical conditions including the administering of medicines (can refuse to do so).
- Receiving sufficient training and achieving the required level of competency before taking responsibility for supporting students with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a student with a medical condition requires help.

3.5.3 Members of the **Inclusion Team** are responsible for the following within-year for students in years 7 to 11, the **Transition Team** are responsible for the following for any pre-admission students (year 6 into 7), and the **Post-16 Team** are responsible for the following for any student enrolled in the Post-16 Centre:

- Notifying the relevant people in school at the earliest opportunity when a student has been identified as having a medical condition which requires support in school.
- Support staff to implement IHPs and provide and/or arrange for advice and training.
- Liaise with clinicians locally on appropriate support for students with medical conditions.
- Liaise with the school's Health & Safety Officer regarding risk assessments and additional first aid implications for students with medical conditions.
- Work with students and their parents or carers to put in place risk assessments which identify control measures to mitigate against any risks in school that may trigger or exacerbate a student's medical condition, ensuring that any measures identified are effectively communicated and understood by all relevant parties.

3.5.4 The **Cover Team Coordinator** is responsible for ensuring that supply teachers are:

- Provided with access to this policy as appropriate.
- Informed of how to access information about any relevant medical conditions of students in the classes they are providing cover for.

3.5.5 The following is the responsibility of **all staff**:

- Always applying best endeavours, particularly in emergencies, to secure the welfare of the students with medical conditions at the school in the same way that parents might be expected to act towards their children.
- Volunteering to administer emergency medication dependant on the need in school and other activities which they supervise (subject to undertaking appropriate training).
- Undertaking sufficient training to achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Ensuring that, when planning for offsite activities, they take into consideration the students in their cohort who may have a medical condition and assess the risks associated with their specific participation in the activity through completion and communication of a risk assessment.

3.6 The role of **external/third parties** is provided below.

3.6.1 The role of **Clinical Commissioning Groups (CCGs)** is to:

- Ensure that commissioning is responsive to students' needs, and that health services can cooperate with schools supporting students with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for students with SEND.
- Respond to Local Authorities and schools when looking to improve links between health services and schools.
- Provide clinical support for students who have long-term conditions and disabilities.



- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable students.

3.6.2 The role of **Other Healthcare Professionals** is to:

- Notify the school when a child has been identified as having a medical condition that will require support at school.
- Provide advice on the development of IHPs.
- Provide support in the school for children with particular conditions, for example; asthma, diabetes and epilepsy.
- Co-operate with the school, including ensuring communication is effective.
- Liaise with the school nurse and other healthcare professionals.
- To participate in local outreach training.

3.6.3 The role of the **Local Authority** is to:

- Commission public health nursing services to liaise with schools.
- Promote co-operation between relevant partners.
- Make joint commissioning arrangements for education, health and care provisions for students with SEND.
- Work with school to ensure that students with medical conditions can attend school fulltime.
- Provide Education Other than at School (EOTAS) support for students who are aware from school for a significant period.

4. Admissions

Admissions will be managed in line with the school's Admissions Policy. No student will be denied admission to the school, or prevented from taking up a school place, because arrangements for their medical condition have not been made. This is with the exception of circumstances where admission of a student into the school setting is likely to be detrimental to their health, or the health of others.

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5. Notification Procedure

When the school is notified that a student has a medical condition that requires support in school, the appropriate member of staff will arrange a meeting with all relevant parties, including (but not limited to) parents and carers, the student and healthcare professionals with the purpose of reviewing the necessity of an IHP, risk assessment and/or care plan.

The school will not wait for a formal diagnosis before providing support to a student, although the school does require written evidence of the diagnosis to be provided as soon as it becomes available.

Where a student's medical diagnosis/condition is not clear, or where there is a difference of opinion in respect of the support that is required, the Principal (or a member of the Strategic Leadership Team designated by them) will make a judgement based upon all available evidence (including but not limited to medication evidence and consultation with parents or carers).

For students starting school as part of a September intake in years 7 or 12, arrangements to support their medical condition in school will be put in place prior to them taking up their place.

For students joining the school mid-year or where a new diagnosis is received for an existing student, arrangements to support their medical condition will be put in place as soon as possible, and within a timeframe that will not exceed 2-weeks.

6. Staff Training and Support

Any staff member providing support to a student with a medical condition will receive suitable training. Staff will not be expected or required to undertake healthcare procedures, or administer medication, without having first received appropriate training.



Training needs will be assessed through the development and review of IHPs, risk assessments and care plans for all school staff, when a student is diagnosed with a new medical condition, or when a new member of staff takes up post.

The purpose of training will be to ensure staff have the requisite competency and confidence to support students with medical conditions, and to fulfil the requirements set down in IHPs, risk assessments and care plans. Training will also be designed to ensure staff understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

A first-aid qualification will not constitute appropriate training for supporting students with medical conditions.

Parents and carers of students with medical conditions will be consulted for specific advice and their views will be sought where necessary however, this will not be used as the sole training provision.

7. Self-Management

Following discussion with parents/carers, students who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in the IHP, risk assessment and/or care plan.

Where possible, students will be allowed to carry their own medicines and/or medical devices. Where it is not possible for a student to carry their own medicines or medical devices, they will be held in a suitable location that can be accessed quickly and easily.

If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHP, risk assessment or care plan will be followed. If this occurs, parents or carers will be informed so that alternative options can be considered.

If a student with a controlled drug distributes it to another student for use appropriate disciplinary action will be taken in accordance with the school's Behaviour Policy.

8. Individual Healthcare Plans (IHP) and Risk Assessments (RA)

The school, healthcare professionals and parents or carers will agree, based on evidence, whether an IHP and/or RA is required for a student, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Principal (or a member of the Strategic Leadership Team designated by them) will make the final decision.

Where an IHP or RA is deemed to be appropriate, the school, parents or carers and relevant healthcare professionals will work in partnership to create, review and implement the IHP or RA. Where appropriate, the student will also be involved in the process.

IHP and/or RA will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The student's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the student's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether the student can self-manage their medication.
- The designated member of staff who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Details of who will need to be made aware of the student's condition and the support required.



- Arrangements for obtaining written permission from parents or carers and the Principal for medicine to be administered by school staff, or self-administered by the student.
- Separate arrangements or procedures that will or may be required during school trips and activities.
- Where confidentiality issues are raised by parents or carers, or by the student, the designated individual who will be entrusted with information about the student's medical condition.
- What actions are required in an emergency, including contact details and contingency arrangements.

Where a student has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP and/or RA.

IHPs and/or RA will be easily accessible to those who need to refer to them, but confidentiality will be preserved using the principles of GDPR.

IHPs and/or RA will be reviewed on at least an annual basis, or when a student's medical circumstances change, whichever is sooner.

Where a student has an EHC Plan, the IHP and/or RA will be linked to it or become a part of it.

Where a student has SEND but does not have an EHC Plan, their SEND should be mentioned in their IHP and/or RA.

Where a student is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA (as appropriate) to ensure that their IHP or RA identifies the support the student needs to reintegrate.

9. Managing Medicines

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

Students under 16 years of age will not be given prescription or non-prescription medicines without their parent or carer's written consent except in circumstances where the medicine has been prescribed to the student without the parent or carer's knowledge. In such cases, the school will encourage the student to involve their parents or carers, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the student's health not to do so; or
- when instructed by a medical professional to do so.

No student under 16 years of age will be given medicine containing aspirin unless prescribed by a doctor.

Pain relief medicines will never be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents or carers will be informed any time medication is administered that is not agreed in an IHP, risk assessment or care plan.

The school will only accept medicine that is in-date, labelled, in its original container, and that contains instructions for administration, dosage and storage. The only exception to this is insulin, which must be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Students will be informed where their medicine is stored and will be able to access them immediately via a designated member of staff, whether in school or attending a school trip/residential visit. Where relevant, students are informed of who holds the key to the relevant storage facility.



When medicines are no longer required, they will be returned to parents or carers or otherwise taken to a pharmacy for disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs can be easily accessible in an emergency. A record is kept of the amount of controlled drugs held and any dose administered.

The school holds asthma inhalers for emergency use. The inhalers are stored in the medical room and at reception, and their use is recorded. Emergency inhalers are only to be used by those to whom it has been prescribed or under the instruction of a healthcare professional.

Staff may administer a controlled drug to a student for whom it has been prescribed and will do so in accordance with the prescriber's instructions.

Records will be kept of all medicines administered to individual students, stating what, how and how much was administered, when and by whom.

10. Adrenaline Auto-Injectors (AAIs)

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with information and training provided by a medical professional, through an approved online training portal, within first aid training and/or by a pharmaceuticals manufacturer's such as 'Epipen'.

A register of AAIs will be kept of all students who have been prescribed an AAI to use in the event of anaphylaxis. The register will detail whether school retains spare AAI's or if the student has this with them. The register is held by reception in the event of an allergic reaction and will be checked as part of initiating the emergency response. The register will be updated at least annually, or when notified that a student requires an AAI, and the AAI's will be checked for expiry termly.

Where a student has been prescribed an AAI, this will be written into their IHP, risk assessment or care plan. Students who have prescribed AAI devices are able to keep their device in their possession.

~~Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.~~ All first aiders will be provided training in how to administer an AAI within the scope of their First Aid qualification course. Following this formal training, refresher training is available through the Allergywise online training module, or via manufacturers' training videos. All other school staff are encouraged (but not mandated) to undertake the Allergywise online training in Anaphylaxis. Details of how to access this are on the Health and Safety Intranet site. Staff who are strongly encouraged to undertake this training are those who teach Food and Nutrition Lessons, SMSA's and anyone taking students on residential activities. When planning Visits and Journeys, party leaders should ascertain whether they have a first aid trained supervising staff member with them and if additional staff need to have AAI training based on the needs of the students.

In the event of anaphylaxis, a designated staff member will be contacted as soon as possible, this could be by radio (walkie-talkie), phone or via MS Teams (or a combination of all three). Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest trained staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the student needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked at least termly to ensure that it remains in date and will be replaced when the expiry date approaches. The spare AAI will be stored in the emergency medication cupboard in reception, ensuring that it is protected from direct sunlight and extreme temperatures. Additionally, a spare AAI will be provided as part of the school trips and journeys first aid supplies. The spare AAI will only be administered to students at risk of anaphylaxis and where written parental consent has been gained. Where a student's prescribed AAI cannot be administered correctly and without delay, the spare will be used.



Where a student who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted, and advice sought as to whether administration of the spare AAI is appropriate. Where a student appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

If an AAI is used, the student's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the student's or the school's device.

Where any AAI's are used, the following information will be recorded as a medical note on the student's electronic school record:

- Where and when the reaction took place
- How much medication was given and by whom

For children aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used however, the dose administered will be determined by the information contained within the student's IHP, risk assessment or Care Plan. Where it is necessary to administer adrenaline to a student who does not have a prescribed AAI, this will only be done upon the advice of the emergency services.

AAI's will not be reused and will be disposed of accordingly in line with the manufacturer's guidelines, following use.

In the event of a school trip, the party leader will be responsible for ensuring any students at risk of anaphylaxis has their own AAI with them and that the spare AAI is included within the first aid kit.

11. Record Keeping

In accordance with Sections 9 and 10, written and/or electronic records will be kept of all medicines administered to students. The school recognises that proper record keeping protects both students and staff and provides evidence that procedures have been followed.

The quality of record keeping will be audited at least annually.

12. Emergency Procedures

Where an IHP, risk assessment or care plan is in place, it will detail:

- What constitutes an emergency; and
- what to do in an emergency.

The IHP, risk assessment or care plan may be used to formulate a 'medical planner page' which provides staff and students with details of specific action to take in the event of a medical emergency.

If a student needs to be taken to hospital, a member of staff will remain with the student, including travelling to the hospital in the ambulance, until their parents or carers arrive. This is to ensure the student is supported and in order to provide relevant information to health professionals. Ideally, this will be a member of staff who dealt with the emergency so that a full brief can be provided.

13. Excursions, Residential Visits and Sporting Activities

Students with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable the student with medical condition to participate. In addition to a risk assessment, advice is sought from the student, their parents or carers and relevant medical professionals.

The school will endeavour to ensure arrangements are made for all students, including those with medical needs, to participate fully. This is except for when evidence from a clinician, such as a GP, indicates that this will be detrimental to the student's health.



14. Unacceptable Practice

The school will never:

- Assume that students with the same condition require the same treatment.
- Prevent students from easily accessing their inhalers and medication.
- Ignore the views of the student and/or their parents or carers.
- Ignore medical evidence or opinion.
- Send students home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP, risk assessment or care plan.
- Send an unwell student to the medical room or school office alone or with an unsuitable escort.
- Penalise students with medical conditions for their attendance record, where the absences relate to their condition and relevant information has been provided about this.
- Make parents or carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent or carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to student participation in school life, including school trips.
- Refuse to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

15. Liability and Indemnity

The local authority insurance department ensures that appropriate insurance is in place to cover staff providing support to students with medical conditions. The school holds an insurance policy ~~with Beazley~~ covering liability relating to medical malpractice. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

16. Complaints

Parents, carers or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint by following the school's [Complaints Procedure](#).

17. Home-to-School Transport

Arranging home-to-school transport for students with medical conditions is the responsibility of the Local Authority (LA). Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for students with life-threatening conditions.

~~18. Defibrillators~~

~~The school has a Mediana Hearton A15 automated external defibrillator (AED). The AED is wall-mounted in the reception area and the appropriate first aid signage is displayed to alert all staff and students to its presence.~~

~~First Aiders are provided with formal training in the use of the AED in addition to cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use. Notwithstanding this, no training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened.~~

~~The emergency services will always be called where an AED is used or requires operation.~~

~~Where possible, AEDs will be used in paediatric mode or with paediatric pads for children under the age of eight.~~

~~A condition check will be undertaken on the AED monthly by the Health & Safety Officer to ensure that the battery is charged, and the defibrillator pads are in date. This will be recorded on a checklist.~~

19. Policy Review



This policy will be reviewed on an annual basis by the Principal and the Governing Body. The scheduled review date for this policy is October 2023.



Penistone Grammar School

Huddersfield Road

Penistone

Sheffield, S36 7BX

01226 762 114

enquiries@penistone-gs.uk

www.penistone-gs.uk

@PGSALC