

# Supporting Students with Medical Conditions Policy Bournville School

| Document Owner: | Emma Boyle     |
|-----------------|----------------|
| Ratified By:    | Marie Rooney   |
| Date Ratified:  | September 2025 |
| Review Date:    | September 2028 |





# Contents

| 1. | Fairfax Multi Academy Trust Values                  | 3  |
|----|---|----|
| 2. | Aims  | 3  |
| 3. | Legislation and statutory responsibilities          | 3  |
| 4. | Roles and responsibilities                          | 4  |
| 5. | Equal opportunities                                 | 5  |
| 6. | Being notified that a child has a medical condition | 5  |
| 7. | Individual healthcare plans (IHPs)                  | 5  |
| 8. | Managing medicines                                  | 7  |
| 9. | Controlled Drugs                                    | 8  |
| 10 | . Students managing their own needs                 | 8  |
| 9. | Training  | 9  |
| 10 | . Record keeping                                    | 9  |
| 11 | . Liability and indemnity                           | 9  |
| 12 | . Complaints  | 9  |
| 13 | Policy Review                                       | 10 |





# 1. Fairfax Multi Academy Trust Values

- 1.1 Fairfax Multi-Academy Trust's (FMAT) policies and procedures are written in accordance with our statutory obligations. They also align to our mission to "enrich the lives and transform the futures" of the students we serve, whilst reflecting each of our values excellence, dedication, ambition, integrity, and tradition.
- 1.2 We are fully committed to supporting pupils with medical conditions so that they can access education in a way that is safe, flexible, and inclusive. As a Trust, we recognise that a child's health should not be a barrier to learning or to taking part fully in school life. We work closely with families, healthcare professionals, and academy staff to ensure that every pupil with a medical condition receives the care and support they need to thrive.
- 1.3 Fairfax Multi-Academy Trust is passionate about inclusive education and values the individuality of each student. We are committed to creating an environment where children with medical needs feel safe, understood, and empowered to achieve their full potential—academically, socially, and emotionally.

### 2. Aims

- 2.1 This policy aims to ensure that:
  - Students, staff and parents/carers 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
- 2.1 The board of Directors will implement this policy by:
  - Making sure sufficient staff are suitably trained
  - Making staff aware of students' conditions, where appropriate
  - Making sure someone is always available to support students with medical conditions
  - Providing teachers (including supply staff) with appropriate information about this
    policy and specific students.
  - Developing and monitoring healthcare plans.

# 3. Legislation and statutory responsibilities

- 3.1 This policy meets the requirements under <u>Section 100 of the Children and Families Act 2014</u>, which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.
- 3.2 It is also based on the Department for Education (DfE)'s statutory guidance on <u>supporting</u> Students with medical conditions at school.





3.3 This policy also complies with our funding agreement and articles of association.

### 4. Roles and responsibilities

### The Board of Directors

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

### The Trust and the Academy will

- 4.2 Make sure all staff are aware of this policy and understand their role in its implementation
- 4.3 Ensure that there is enough trained staff available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- 4.4 Ensure that all staff who need to know are aware of a child's condition
- 4.5 Make sure that they have staff who are appropriately insured and aware that they are insured to support students in this way
- 4.6 Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school.
- 4.7 Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

### Staff

- 4.8 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.
- 4.9 Those staff who take on the responsibility of supporting students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.
- 4.10 Teachers will take into account 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 pupil with a medical condition needs help.

### Parents/carers

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





- 4.12 Be involved in the development and review of their child's health care plan.
- 4.13 Carry out any action they have agreed to as part of the implementation of the health care plan e.g. provide medicines and equipment, and ensure they or another nominated adult are always contactable

### **Students**

- 4.14 Students with medical conditions will often be best placed to provide information about how their condition affects them.
- 4.15 Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their health plans.
- 4.16 They are also expected to comply with their healthcare plans and work with staff to implement this.

# 5. Equal opportunities

- 5.1 We are clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and will not actively prevent them from doing so.
- 5.2 We will carefully consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.
- 5.3 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.

# 6. Being notified that a child has a medical condition

- 6.1 When they academy is notified that a pupil has a medical condition the internal review process will be followed to decide whether the pupil requires a healthcare plan in school.
- The academy 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.

# 7. Individual healthcare plans (IHPs)

- 7.1 The principal has overall responsibility for the development of IHPs for students with medical conditions. IHP's are written by healthcare professionals who will usually be the school nurse team.
- 7.2 Plans will be reviewed at least annually, or earlier if there is evidence that the students' needs have changed.
- 7.3 Plans will be developed with the students' best interests in mind and will set out:
  - What needs to be done
  - When





- By whom
- 7.4 Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence.
- 7.5 Plans will be drawn up in partnership with the academy, parents/carers and a relevant healthcare professional, who can best advise on the students' specific needs. The pupil will be involved wherever appropriate.
- 7.6 IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.
- 7.7 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The academy will consider the following when deciding what information to record on IHPs:
  - The medical condition, its triggers, signs, symptoms and treatments
  - The students' 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 students' 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 pupil 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 students' medical condition from a healthcare professional, and cover arrangements for when they are unavailable
  - Who in the academy needs to be aware of the students' condition and the support required
  - Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
  - Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the students' condition
  - What to do in an emergency, including who to contact and contingency arrangements





### Unacceptable practice

- 7.8 Staff will use their discretion and judge each case individually with reference to the students' 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 the school office or medical room unaccompanied or with someone unsuitable
  - Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
  - Prevent students from drinking, eating or taking toilet or other breaks whenever they need to manage their medical condition effectively
  - Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
  - 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/carers to accompany their child
  - Administer, or ask students to administer, medicine in school toilets

### **Emergency procedures**

- 7.9 Staff will follow the academy'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.
- 7.10 If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives or accompany the student to hospital by ambulance.

# 8. Managing medicines

- 8.1 Prescription and non-prescription medicines will only be administered at school:
  - When it would be detrimental to the students' health or school attendance not to do so and
  - Where we have parents/carers' written consent
- 8.3 The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.





- 8.4 Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- 8.5 Anyone giving a pupil any medication that is not part of an ongoing treatment plan (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.
- 8.6 The academy 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
- 8.7 The academy will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- 8.8 All medicines will be stored safely. Students will be informed about where their medicines are at all times and will 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.
- 8.9 Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

# 9. Controlled Drugs

- 9.1 <u>Controlled drugs</u> are prescription medicines that are controlled under the <u>Misuse of Drugs</u>
  Regulations 2001 and subsequent amendments, such as morphine or methadone.
- 9.2 A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so and it is written into their IHP, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.
- 9.3 Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### 10. Students managing their own needs

- 10.1 Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers, and it will be reflected in their IHPs.
- 10.2 Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take 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.





# 11. Training

- 11.1 Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.
- 11.2 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.

### 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
- 11.3 Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 11.4 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

- 12.1 The academy will ensure that written records are kept of all the medicine administered to students for as long as these students are at the school. Parents/carers will be informed if their student has been unwell at school.
- 12.2 IHPs are kept in a readily accessible place that all staff are aware of.

# 13. Liability and indemnity

13.1 The board of directors will ensure that the appropriate level of insurance is in place and appropriately reflects the individual academy's level of risk.

# 14. Complaints

- 14.1 Parents/carers with complaints about any of the academy's actions regarding their child's medical condition should discuss these directly with the principal of the individual school in the first instance.
- 14.2 If the academy principal cannot resolve the matter, they will direct parents/carers to the academy's complaints procedure





# 15. Policy Review

15.1 This policy is reviewed at least every year by the Trust. The Trust will monitor the application and outcomes of this policy to ensure it is working effectively.

