



# Vyners School

## Policy on Supporting Students With Medical Conditions

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### 1. Principles

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Vanguard Learning Trust recognises its statutory responsibility to support students at school with medical conditions. Responsibility for fulfilling this duty is delegated to individual schools within Vyners Learning Trust and this policy sets out how the statutory duty is fulfilled at Vyners School.

Where students with medical conditions are considered to be disabled under the provisions of the Equality Act 2010, the Trust and School recognise their duty to ensure these duties are additionally complied with. The School and Trust also recognise the extra responsibilities imposed by the SEND Code of practice, for those students with a Statement of Special Educational Needs.

Medical conditions may be broadly summarised as being of two types;

- Short term in nature eg routine childhood illnesses, a broken bone or a condition requiring medication in the short term (eg antibiotics, hay-fever tablets)
- Long term in nature. A potentially permanent condition with the potential to limit a student's access to education and extra-curricular activities. In these cases, an Individual Health Care Plan (IHCP) may be put in place for the student, detailing how they will be supported in School and how emergency situations should be managed.

This policy sets out both how the school will fulfil its statutory duty in relation to the management of long term conditions, as well as how it will meet the needs of students suffering from short term student conditions (including routine childhood illness).

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### 2. Responsibilities and duties

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It is the responsibility of the Local Governing Body to:

- Ensure all students with known medical conditions (particularly of a long term nature) are supported to ensure the fullest participation possible in all aspects of school life. This includes involvement in extra curricular activities and intervention programmes.
- Ensure this policy is reviewed on a regular basis, and that all procedures and systems required to ensure its effective operation are in place.
- To ensure this policy is effectively communicated to parents.
- Ensure that no child is denied admission to Vyners School (or prevented taking up a place) because reasonable adjustments have not been made for supporting a long term medical condition. In line with its broader safeguarding responsibility, the Local Governing Body is NOT obliged to accept a child into the School where it would be detrimental to the health of the child, or others in the school community, to do so.

It is the responsibility of the Headteacher to:

- Assume overall responsibility for implementation of this policy. Day to day responsibility

may be delegated within the School community as the Headteacher sees fit.

- Ensure that Vyners School consults health and social care professionals, students and parents in a timely way, to ensure the needs of children with long term medical conditions are properly understood and managed effectively.
- Ensure that appropriate training and induction programmes are in place, both for those members of the school staff who have specific responsibility for supporting students with medical conditions (including, but not limited to Student Services staff, LSAs and members of teaching staff) and for members of the wider school community. For the avoidance of doubt, this includes ensuring that all relevant staff (including supply staff) are made aware of a student's condition.
- Ensure that, where applicable, revised programmes of study and/or alternative provision is put in place for students that require it. This may include, but is not limited to, arranging short term alternative provision, home-schooling, exam support / special consideration arrangements, and ensuring effective reintegration following a period of absence for medical reasons.
- Ensure that appropriate insurance arrangements are in place for school staff. In the case of Vyners School, this is fulfilled by membership of the RPA scheme for academy schools.

It is the responsibility of the Deputy HT with responsibility for Inclusion to:

- Ensure that Individual Health Care Plans (IHCPs) are in place for those students that need them, and that these plans are reviewed on an annual basis, in conjunction with parents, students and relevant health professionals. Plans will be reviewed more frequently if evidence is presented that a student's medical condition has changed.
- Ensure that effective transition arrangements are put in place for students with long term medical conditions joining in Year 7. For other students ie those who have a new diagnosis or who join other than at the main primary transition point, every effort will be made to ensure that arrangements are put in place within 2 weeks of the child being diagnosed / receiving an offer of a school place. For a significant long-term medical condition, it may be in the best interests of the child to ensure appropriate arrangements are in place before the child actually starts.

It is the responsibility of Student Services staff to:

- Ensure that IHCP's are accessible to all staff
- To take responsibility for the day to day storage of medication held by the school.
- To check all medicines coming into school to ensure they are in date, come in the original container and are supplied with clear dosage instructions.
- To take receipt, and keep an effective record of, all written permissions supplied by parents for the administration of medicines within School.
- To ensure a record is kept of all medication issued to students.
- To act as primary point of contact with the School Nurse (and other health professionals) in relation to the notification of new long term medical conditions and management of known conditions.
- Issue medical cards / canteen queue jump cards / hayfever passes etc as required
- Ensure that medication is issued, as required, to staff taking out educational trips and visits.

Those members of the Student Services team who have received first aid training will act as 'first responders' in situations where students need medical assistance during the School day.

It is the responsibility of parents to:

- Provide sufficient and up to date information about their child's medical needs. This includes both long term and short term conditions.
- Play a constructive part in the development of IHCPs as may be required.
- To supply medication where required. Such medication must be in date and supplied in its original box with clear dosage instructions.
- Supply written consent to the administration of medication by the school.
- Ensure that the emergency contact details held by the school for their child remain up to date at all times.
- To collect their children promptly from school if they are genuinely unwell and unable to continue the school day.

It is the responsibility of students to:

- Co-operate with the School, particularly Student Services staff, in relation to the management of any long term medical condition from which they suffer.
- Co-operate with the School, particularly Student Services staff, in relation to the management of short term conditions, particularly routine illnesses. Students will not be permitted to spend significant parts of the school day out of lessons.
- Unless specific permission has been given, not to carry any medication on their person, with the exception of an asthma inhaler or epipen (which should be in their top blazer pocket). Students requiring diabetic equipment / insulin pens should also carry this around with them at all times, in a small bag designated for the purpose.
- To be responsible for collecting prescribed medicines from Students Services at the end of the day / week / term, where those medicines are required to be taken at home.
- To communicate promptly to school staff if they feel unwell whilst on the school premises. This is particularly important if the student suffers from a serious medical condition.

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### **3. Procedures for Dealing with Short term Illness**

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Students who feel unwell during the School day should inform their teacher (if they are in a lesson) or present themselves to Student Services (during open access time). The School has clear procedures set out for managing students who feel unwell during the school day (see Appendix 6). Where a student suffers from an underlying / long term medical condition, reference will be made to their IHCP as to what steps should be taken if they become unwell.

Where a student does not have an underlying / long term medical condition, a member of the Student Services team will make an assessment of whether the student should be sent home (in which case a parent/carer will be contacted) or whether the student should return to their lessons after a short period in Student Services. Students will not be allowed to spend a significant part of the school day in Student Services.

Students Services staff will keep a written record of all visits to Student Services for health related reasons (including those caused by accident). This record will include details of when medicine has been administered by School staff.

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#### **4. Procedures for dealing with emergencies on the school site requiring hospitalisation (including accidents)**

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Guidance will be provided to all school staff on the location of the automatic defibrillators (AED's) on the school site, and how to use them in the event of a cardiac emergency.

The School has clear procedures set out for managing an emergency situation (see Flowcharts at Appendix 6). This procedure will be brought to the attention of all new staff as part of their Health and Safety induction.

Where a student suffers from a condition that increases the likelihood that they will require emergency care, their IHCP will be amended to include details of what constitutes an emergency for the student, and what steps staff should take in this situation. This information will be shared with staff and members of the first aid / Student Services team as required. Where a student has an IHCP and requires hospitalisation, a copy of the care plan will be supplied to paramedics.

Where a student requires emergency hospitalisation, the School will seek to inform parents at the earliest possible opportunity. Where parents can make it to site before the ambulance, it will be their responsibility to accompany their child to hospital. Where parents cannot make it to school before an ambulance, a member of school staff will accompany the child to hospital and will stay with the child until parents arrive.

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#### **5. Management of Medicines on the School Site**

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Unless there are exceptional circumstances, no child under the age of 16 years will be allowed to take medicine (prescription or non-prescription) on the school site without written consent from a parent or carer. Such written consent must be provided via the form included at Appendix 2. Student Services will maintain at all times an up to date record of parental permissions given.

6th Form students will normally be allowed to carry and administer routine medication themselves. Such medication, however, should not be passed to younger students (including siblings). In the unlikely event that a 6<sup>th</sup> Form student is prescribed controlled medication, this must be kept locked away in Students Services.

Unless there are exceptional circumstances, no child under the age of 16 year will be allowed to take medicine containing aspirin on the School site, unless it has been prescribed by a doctor.

The School will only accept medicines for administration to students if they are supplied in the original container, are in date and supplied with dosage instructions. Immediately on receipt, each container will be marked clearly with the name of the student it has been supplied for, and the expiry date. When no longer required, or when medicine becomes out of date, the School will make arrangements for safe disposal without any further reference to parents/ carers.

All medicines will be kept in Student Services. Spare asthma inhalers, spacers, spare epipens, and blood glucose testing meters will all be stored so they are immediately accessible by students. All other medicines will be kept in a locked cupboard in Student Services. Controlled medication will be kept in a special, locked cabinet within a locked cupboard.

On a day to day basis, the administration of medication will be carried out by Student Services staff. All school staff will, however, be annually trained on the emergency administration of an epipen to students suffering from a severe allergic reaction. All staff will also be made aware of how to supervise a student that requires an emergency inhaler.

An electronic record will be kept of all medicines administered to students. This will be held centrally by Student Services.

The School recognises that it has a role to play in supporting students to become competent and confident in self-managing their medical conditions, especially where those conditions are of a long term nature. In specific instances, therefore, the school may allow a student to self-administer medication. This will only be done with full parental agreement and following advice from a medical professional, as relevant, that a student is competent to do so. Where such agreement has been granted, it will be specifically recorded in a student's IHCP.

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## **6. Infectious Conditions**

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The School has a responsibility to all students and staff on the school site. As such, access to the school environment may be refused to students suffering from known communicable diseases (as detailed in the DfE document 'Guidance on Infection Control in Schools').

If there is an outbreak of a notifiable disease at the school the local Health Protection Unit will be informed and advice sought.

The School also operates a general policy that students or staff suffering from diarrhoea and / or vomiting should not re-enter the school site until 48 hours have passed after the last instance of illness. This is to limit the possibility of cross-infection.

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## **7. Trips / visits and after school activities**

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The School does not consider that an ongoing medical condition should be a bar to students taking part in extracurricular activities, including off-site trips. The trip pack prepared as part of the planning process will clearly include details of any medical conditions suffered by participants and parents may be asked to reconfirm the existence of any short or long term conditions as part of the parental consent process. The risk assessment will also include specific details of any risks posed by a medical condition, with suggested control measures. Where necessary, advice will be sought from parents or medical professionals in order to facilitate a student's participation. Specific advice can also be sought from the Head of the HIRB or Deputy Headteacher with Responsibility for Inclusion, as required.

Student Services staff have responsibility for issuing portable first aid kits to all trips and offsite activities. They will also issue spare asthma inhalers / epipens / spacers / other medication etc where these are held by the school and required in order for a students to satisfactorily manage their medical condition when offsite.

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## **8. Intimate care**

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Vyners School expects that parents / carers will prepare their children for school. This includes making sure clean clothes are available and that their child can independently dress/ undress themselves.

Where a student suffers from an underlying / long term medical condition such that intimate care may be required, an assessment as to whether the School can meet the needs of the student, with reasonable adjustments as necessary, before they are admitted to the school. Where necessary, details of the care required will be included in the IHCP and specific procedures put in place.

Where intimate care is required, staff will be given specific training as appropriate.

In all cases, the School undertakes to treat students with respect and dignity at all times, and to encourage students to develop the skills that will enable them to become more independent.

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## **9. Management of specific conditions – asthma, epilepsy, anaphylaxis, diabetes**

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A copy of the School's Policies on Managing Asthma and Anaphylaxis are attached at Appendixes 7 and 8.

As permitted by the Human Medicine Regulations 2014, the School holds a number of emergency salbutamol inhalers and spacers for use by students. Such an inhaler will only be used if:

- The student is known to suffer from asthma and has been prescribed an inhaler;
- The student's own inhaler is not available (e.g. it is empty, broken, lost);
- The student is clearly suffering from asthma symptoms;
- Written parental consent has been previously given to administer the emergency inhaler, if required. Where written permission has not previously given, a first aider may nevertheless seek emergency verbal permission from a parent to administer the inhaler.

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## **10. Staff Training**

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The School recognises its obligation to ensure that staff receive specific training and support to enable them to support students with medical conditions.

As a matter of routine practice, the School provides the following:

- A Health and Safety induction to all new staff, to include information on the handling of medicine on the school site and information on how to manage students who are unwell or who have had an accident
- Annual awareness training for all staff on how to recognise / manage a student suffering from an asthma attack or anaphylaxis.

Member of the Student Services team with responsibility for student welfare will receive additional training in the management of medical conditions such as asthma, diabetes and anaphylaxis.

The School has a team of first aiders all of whom receive formal requalification training every 3 years.

Where further training requirements are identified via IHCPs, these will be addressed on a case by case basis. Training / support will be proactively sought, as required, from the School Nurse team and / or other medical professionals.

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## **11. Unacceptable Practice**

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Although School staff will use their discretion and judge each case on its merits with respect to managing student medical conditions, the School recognises it is not generally acceptable practice to :

- Prevent students from easily accessing medication, particularly inhalers and epipens, and administering medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the student or parent when seeking to manage a long term medical condition / situation or ignore medical advice / opinion;
- Send children with long term medical conditions home frequently (for reasons associated with their condition) or prevent them staying for normal school activities (including lunch) unless sending them home is specifically included in their IHCPs;
- If a child becomes ill, sending them to Student Services unaccompanied, or with someone unsuitable;
- Penalise a child for their attendance record, particularly if their absences relate to a long-term medical condition (e.g. medical appointments);
- Prevent students eating, drinking or taking toilet / other breaks whenever they need to in order to manage a long term medical condition effectively;
- Require parents to attend to school to administer their child's medication or to otherwise provide support with their medical needs (e.g. toileting issues). No parent should be expected to give up work because the School is failing to support their child's medical needs.
- Prevent, or create unnecessary barriers to students with long term medical conditions participating in normal aspects of school life, including taking parts in trips and extra-curricular activities.

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## **12. Complaints**

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Where a parent feels that the School is not offering an appropriate level of support to their child in managing a long term medical condition, they are encouraged to discuss their concerns with the School on an informal basis at the earliest possible opportunity. The School is committed to resolving issues as quickly and constructively as possible.

Where a parent remains dissatisfied, they should refer to the formal Complaints Policy, a copy of which is available on the School website

## APPENDICES

Appendix 1: Template for Individual Healthcare Plan (IHCP)

Appendix 2: Parental agreement for School staff to administer medicine (Medical Permission Form)

Appendix 3: Record of illnesses / medicine administered to all children

Appendix 4: Staff training record – administration of medicines

Appendix 5: Model letter inviting parents to contribute to individual healthcare plan development

Appendix 6: School procedures for dealing with student accident or illness.

Appendix 7: Asthma Policy and Guidelines

Appendix 8: Policy on the Management of Students with Severe Allergies (Anaphylaxis)

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**Agreed by Curriculum and Student Support Committee – May 2020**

**To be reviewed – May 2022**

## APPENDIX 1: INDIVIDUAL HEALTHCARE PLAN

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### **Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### **Clinic/Hospital Contact**

Name

Phone no.


### **G.P.**

Name

Phone no.


Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## APPENDIX 2: MEDICAL PERMISSION FORM

### Only To Be Completed By A Parent/Guardian

The school will not give your child medicine unless you complete, sign and return this form.  
**PLEASE NOTE THAT ALL MEDICINES MUST BE IN THEIR ORIGINAL BOXES.**

<b>Name</b>	
<b>Date of Birth</b>	
<b>Tutor Group</b>	
<b>Medical Condition/Illness</b>	

<b>My child carries his/her own Epipen / Inhaler / Insulin</b>	Yes / No
<b>I confirm that I have provided a spare Epipen / Inhaler / Insulin for Student Services.</b>	Yes / No

<b>Name of Medicine (as described on original container)</b>	
<b>Expiry Date</b>	
<b>Dosage and Method</b>	
<b>Self Administration</b>	Yes / No
<b>Procedures to take in an emergency :</b>	

<b>CONTACT DETAILS</b>	
<b>Name</b>	
<b>Daytime Phone Number</b>	
<b>Relationship to Child</b>	
<b>Address</b>	

I understand that I must deliver the medicine personally to School Reception or send it in with my son/daughter to be handed in to Student Services on their arrival at school. I confirm that the above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Student Services to administer the medicine in accordance with school policy. I will inform Student Services, in writing, if there is any change in dosage or frequency of the medication.

Signed: .....

Date: .....

Parent/Guardian



**APPENDIX 4: STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES**

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## APPENDIX 5: MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

## APPENDIX 7: ASTHMA POLICY AND GUIDELINES

The School:

- Welcomes all students with asthma.
- Will encourage children with asthma to participate fully in all aspects of school life.
- Recognises that asthma is an important condition affecting many school children.
- Aims to allow all students to take responsibility for their own medication.
- Has a clear understanding of what to do in the event of a child having an asthma attack.
- Will help all parents, students and staff to be well informed about asthma and adopt a responsible attitude in its treatment.

### **1. Use of Inhalers in School**

- 1.1 All students must have their own inhaler with them at all times. They should also take their inhaler with them to PE and on any school journey or trip.
- 1.2 It is vital that all students also have a spare inhaler at school. This should be clearly labelled with the student's name and kept in Student Services in case of emergencies.
- 1.3 If there is no inhaler available and in the event of an asthma attack, an ambulance will be called and the student will be sent to hospital.

### **2. School Asthma Cards**

All students with asthma must have a school asthma card, completed and signed by their parents or carers.

### **3. Spacer**

- 3.1 A spacer is available in Student Services.
- 3.2 A spacer can help a child to take their inhaler more effectively (especially of importance during a severe attack).
- 3.3 If you would like your child to have their own spacer in Student Services, please ensure it is clearly labelled.

### **4. What the school will do in in the event of a severe attack**

- 4.1 Arrange for the student to be taken to A&E at Hillingdon Hospital. The parent/carer will be contacted in order for them to accompany the student in the ambulance, for reassurance. If the parent/carer is uncontactable or unable to arrive before the ambulance leaves, a member of staff will accompany the child to hospital and wait / meet the parent/carer at A&E.
- 4.2 While waiting for Paramedics, students will be instructed to continue with blue relief inhaler every 5 – 10 minutes.

## APPENDIX 8: POLICY ON THE MANAGEMENT OF STUDENTS WITH SEVERE ALLERGIES (ANAPHYLAXIS)

1. It is the parents' responsibility to inform Student Services about a student's condition before commencement of school.
2. The school will arrange a meeting with the parent and school nurse, if necessary. Action plans and protocols will be drawn up.
3. School will ask for a copy of the care plan from parents regarding medical instructions and treatment as provided by the hospital specialist. It is the parent's responsibility to update medical instructions and provide consent for the administration of medication.
4. It is the responsibility of the parents to provide at least 1 EpiPen (preferably 2) which will be kept in Student Services for emergency use.
5. It is the responsibility of the student to carry an EpiPen, oral antihistamine and inhaler (if prescribed) at all times, including all school activities within or outside school grounds.
6. It is the school's responsibility (in liaison with the parent) to check the expiry date of medication and parental responsibility to replace medication, which is due to expire or has been used.
7. The school will ensure first aiders and other staff volunteers are identified and have received recognised training and updates.
8. All staff will be briefed about a student's condition and training will be arranged with the school nurse annually. This will include practical supervised sessions on the administration of adrenaline injection (EpiPen/Anapen). Action plans will be displayed in the Staff Room and in the green folder in Student Services.
9. The school will hold under secure conditions all appropriate medications accessible during the day and ensure they are locked up at night.
10. Parents will provide a snack/packed lunch as required. Where a parent wishes a student to purchase food at school, the parent must supply written consent in advance, see attached form. The school catering team have been trained on the management of allergies and are always available to be consulted about particular ingredients in food.
11. Prior discussion will take place between school and parents regarding provision of food and medicine when school outings are planned.

12. When planned curriculum involves contact with food items (eg cookery), prior discussion will take place between the school and parents/carers to agree on suitable ingredients.
13. Training support for staff will be reviewed on at least on an annual basis.

## **ANAPHYLAXIS ARRANGEMENTS - Parental consent form**

**Please only complete this section if your child is Anaphylactic**

**Name of Student:**

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**Date of Birth:**

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**Name Parent / Carer:**

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I take full responsibility for my child in purchasing and consuming food within the school grounds as well as during any organised school activities/trips.

Signature:

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Date:

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