

# Hitchin Girls' School

## Supporting Students at School with Medical Conditions Policy



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# Supporting Students at School with Medical Conditions

## Introduction

The school is under a duty to make arrangements for supporting students with medical conditions. This policy sets out what those arrangements are. This policy follows the guidance published by the DfE in December 2015 'Supporting pupils at school with medical conditions'.

This policy is restricted to students with an ongoing medical problem. The administration of medicines is covered by the separate Administration of Medicines Policy.

The school will maintain a focus on each individual student with a medical condition and seeks to give parents and students confidence in the school's ability to provide effective support for medical conditions in school.

The school will always aim to:

- have a good understanding of how medical conditions impact on a student's ability to learn
- increase the student's confidence
- promote self care

Procedure to be followed whenever the school is notified that a student has a medical condition:

Once the school is notified of a student's medical condition, the Head of Learning Support and Pastoral team will be notified and advice taken on the necessity to complete an Individual Healthcare Plan (IHP). This will be completed by a member of staff who is first aid trained in the administration team. The school does not have to wait for a formal diagnosis before providing support to students and initial arrangements would normally be put in place within 10 days of notification. Should an IHP be necessary, a meeting to discuss the relevant needs will be convened with parents/carers, the student, and any other necessary health professionals/specialist support services. Where a student is identified with a special educational need but does not have an EHCP, this should be stated on an IHP.

## Individual healthcare plans

Individual Healthcare Plans "IHP" exist to document a student's medical needs and provision being made for those needs. They are a useful tool for the school to use to ensure that it meets the needs of the student. They are written with input from all the relevant parties including school health advisors, parents and the student.

IHPs will be developed with student's best interests in mind and will ensure that the school assesses and manages risks to the student's education, health and social well-being and minimises disruption.

IHPs will be reviewed at least annually or earlier if evidence is presented that the student's needs have changed. They are currently stored in the school reception area. Any changes will be added to school data systems by the administration team completing the IHP. Any information changes that staff need to be aware of will be communicated via the inclusion bulletin. Changes which affect exam access arrangements will be passed to the Head of Learning Support and the Exams and Data Manager.

If it is identified during transition from primary school that a student will require an IHP, the Learning Support team and Administration team will complete a joint visit with the primary school, family and any appropriate health professionals to put together the IHP prior to the transition day in order to ensure a student can safely attend this day.

The following Information will be recorded on IHPs:

- the medical condition, its triggers, signs, symptoms and treatments;
- the student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;

- specific support for the student's educational, social and emotional needs – for example, how absences will be managed, evidence for Access Arrangements, 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 students will be able to take responsibility for their own health needs), including in emergencies. If a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the student's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

### **Medical Risk Assessment**

If a student's medical needs (such as epilepsy or absence seizures) would put them at heightened risk of danger in relation to hazards in school, a full risk assessment will take place between the Office Manager (with first aid training), Head of Learning Support and the Business Manager. Where a risk is identified in a specific subject area, the Head of Department will be contacted to undertake further risk assessments of activities in their department area.

### **Safety and Support Plan**

If a student's medical need involves complex mental health considerations where there has been significant self-harm or suicidal ideation, it may also be appropriate to complete a safety and support plan (using the Hertfordshire Guidance Document for schools for Suicide Aware Prevention and Postvention model plan). This will be developed between a DSL, mental health professionals, parents/carers and the student.

A safety and support plan will need to be approved by the Headteacher before implementation and will be reviewed regularly during the implementation. All staff will be informed about students in need of a safety and support plan, along with the key actions being implemented in school. Families will be informed that this is being shared for safety reasons and staff must maintain confidentiality of the information in line with safeguarding expectations.

### **Student's role in managing own medical needs**

Students may be competent to manage their own medical needs and medicines and this will be assessed on an individual basis.

Students will be positively encouraged to take responsibility after discussion with parents and this will be reflected in IHPs- see above. Where a student is reluctant to take on this responsibility, the school will support the student to reach the level of responsibility agreed and documented in the IHP.

Where possible students will carry their own medicines or devices or be able to access them quickly. No student will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

### **Managing medicines on school premises**

- Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- No student 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 student without the knowledge of the parents. In such cases, every effort should be made to encourage the student or young person to involve their parents while respecting their right to confidentiality.
- The circumstances in which the school will administer non-prescription medicines will be set out in the IHP or, where non-prescription medicines are not covered in the IHP, as laid down in the school's Administration of Medicines policy.
- A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- 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. The exception to this is insulin which must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens should be always readily available to the student and not locked away. This is particularly important to consider when off school premises e.g. on school trips.
- A 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 student for use is an offence. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- Appropriately trained school staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to an individual student, 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.

## **Record keeping**

Written records must be kept of all medicines administered to a student.

## **Procedures for emergency situations**

In the event of an emergency, the school emergency procedure will be followed. Staff will be advised of any additional procedures identified in the IHP.

## **Day trips visits and sporting activities**

Where possible the school will offer flexibility and make reasonable adjustments so that students with medical conditions can take part.

The school will carry out risk assessments regarding the participation of students with medical needs.

The school may meet parents as part of preparing to meet the student's needs on a trip. Where possible the school will arrange adjustments to the programme, accommodation or food provision to meet a student's needs.

### **Access to Education if too unwell for school**

If a student has a medical condition which means they are too unwell to attend school, the following actions will be undertaken:

- work will be accessible via google classroom if the student is well enough to access learning from home. Staff will be informed of the absence, so they can provide additional work if the absence is authorised and the student is well enough to continue learning.
- if the student is going to be absent for an extended period of time, Education Support for Medical Absence (ESMA) advice will be sought and a referral will be completed as necessary. Parent/carer will be asked to provide a medical letter as evidence of on-going medical difficulties as this is required for ESMA to accept a referral to complete work with a student. A member of the Learning Support or Pastoral team will be the key link person with ESMA and will attend meetings and reviews for this. ESMA support might include online learning, in person learning or providing an AV1 robot to school.
- if the student will be attending a hospital school, a member of the Learning Support or Pastoral team will co-ordinate with teaching staff to ensure that the information required by the hospital is provided in a timely manner. This member of staff will co-ordinate reintegration plans when the student is well enough to start returning to school.
- if the student will continue to be unable to attend school for an extended period, but is not in hospital, a key worker in school will be allocated to complete a weekly check-in with the student - this will ideally be via a google meet in order to ensure the young person has been seen, if this is appropriate.
- if the student will be absent for an extended period of time, the 15 day-sickness absence form will be completed alongside the attendance team so that the local authority is aware of the absence.
- when a student is well enough to return to school, a reintegration plan will be developed which might include (but is not limited to); changes to classrooms if movement is difficult around school, support from the Learning Support team to catch up with missed work, reduction in demands such as homework whilst the student builds up attendance, reduced timetable for a period of time if needed, access to the pastoral hub for support.

### **Unacceptable practice**

It will be unacceptable to:

- prevent student 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; or ignore medical evidence or opinion, (although this may be challenged);
- send student with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable - medical on call should be used in these cases;
- penalise student for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

- require parents/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 student's medical needs; or
- prevent students from participating, or create unnecessary barriers to student participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the student

## **Policy Implementation**

- The Headteacher has overall responsibility for the implementation of this policy.
- The school is committed to making sure that all relevant staff will be made aware of the student's condition. *The Pastoral Team/Head of Learning Support will act as the key liaison between the school, parents and carers and health care staff and ensure information is provided to all relevant staff as required. The Administration and Communications Manager will co-ordinate the IHP with parent and child.*
- The school has arrangements in place in case of staff absence or staff turnover to ensure someone is always available. *The Administration and Communications Manager ensures first aid trained office staff can provide support and act to support the student where required.*
- The school will make sure risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for students with medical conditions. Risk assessments for trips will be overseen by *the Offsite Visits Co-ordinator*. The school will monitor individual healthcare plans. *They will be reviewed at least annually by Administration and Communications Manager who has oversight of first aid and medical needs. If a student has a safety and support plan, a DSL will ensure the risk assessment for school visits is completed alongside the activity leader.*

## **The Roles of those involved in providing support for students with medical conditions**

Roles are given in brief here. For full details please refer to the DfE guidance

### **Board of Trustees**

- Must make arrangements to support students with medical needs, including making sure a policy is developed and implemented.
- Must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support student with medical conditions.
- Ensure staff have access to information and other teaching materials.

### **Headteachers**

- Ensure policy is developed and adequately implemented with partners.
- Make sure all staff are aware of the policy and understand their role in implementation.
- Ensure all staff who need to know are aware of a particular student's medical condition.
- Ensure sufficient staff are appropriately trained.
- Overall responsibility for the development of Individual Healthcare Plans, Risk Assessments and Safety and Support Plans.
- Make sure staff adequately insured and made aware of cover.
- Making sure school health advisor is aware of students requiring support.

### **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 take into account the needs of students with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support student 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 health advisor**

- The school will have access to the NHS school nursing services.
- They are responsible for notifying the school when a student has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the student starts at the school.
- They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support students with medical conditions, but may support staff on implementing a student's individual healthcare plan and provide advice and liaison, for example on training.
- Can liaise with lead clinicians locally on appropriate support for the student and associated staff training needs.

### **Other Healthcare Professionals**

- Should notify school health advisor of students requiring support.
- May provide advice on developing IHPs and Safety and Support Plans.

### **Students**

- Provide information about how their condition affects them.
- They should be fully involved in discussions and contribute to their IHP and Safety and Support Plan if required.

### **Parents**

- Provide school with sufficient up to date information.
- Are involved in development and review of IHP.
- Should carry out any action they agreed to as part of implementation of IHP or Safety and Support Plan.

### **Local Authorities**

- Are commissioners for school health advisors as well as maintained schools.
- Have a duty to promote co-operation between relevant partners.

### **Clinical Commissioning Groups**

- Responsible for commissioning other healthcare professionals such as specialist nurses.
- They have to ensure that commissioning is responsive to student's needs and that health services can cooperate with schools.

### **Ofsted**

- The inspection framework places clear emphasis on meeting needs of disabled students and students with SEND. Inspectors are briefed to consider students with medical conditions alongside these groups and to report on how well their needs are being met.

## **Staff Training**

The school has a responsibility to ensure staff are properly trained and any member of staff providing support to a student with medical needs will receive suitable training.

Staff must not give prescription medicines or undertake health care procedures without appropriate training.

Appropriate training to support the student in school will be determined by the Pastoral Manager or Administration & Communications Manager, after taking advice from the school health advisor and other appropriate medical professionals, including specialist services, on providing training.

Updates and training to staff will be provided, as appropriate, at Staff INSET days and by offering lunchtime and after school training and information sessions.

## **Insurance**

School staff are covered by the school's insurance to administer medicine as long as the dose is prescribed. School staff are also covered during trips and visits.

## **Complaints handling**

Any complaint in relation to this policy or the school's implementation of it should be raised in accordance with the school's ordinary complaint's policy.

## **Review Frequency**

This policy will be reviewed annually.

Trust Board approval: February 2026  
Next review date: February 2027