

# **Policy on Supporting Students with Medical Conditions, First Aid and Students with Health Needs who cannot attend school.**



## **1. Rationale and Aim**

This policy explains our approach to supporting students with medical conditions in our academy. At Samuel Whitbread Academy, some of our students and young people will have medical conditions that require support and some that will require first aid treatment and we want to do this so that they can have full access to education.

## **2. Policy**

- 2.1. DfE (2022) 'First aid in schools, early years and further education'
- 2.2. Supporting students at school with medical conditions, December 2017.
- 2.3. The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of students.
- 2.4. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of academies to make arrangements for supporting students at their school with medical conditions.
- 2.5. Ensuring a good education for students who cannot attend school because of health needs Statutory guidance for local authorities January 2013.
- 2.6. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept.
- 2.7. Some students with medical conditions may be disabled. Where this is the case, we comply with the Equality Act 2010.
- 2.8. The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- 2.9. The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees.
- 2.10. The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel.
- 2.11. Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records.
- 2.12. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan. Our SEND policy sets out support for students with SEN.
- 2.13. Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- 2.14. Allergy Safety In Schools (2026) – DfE Guidance

## **3. Procedure**

### **3.1. Implementation of the policy by a named person**

- 3.1.1. There will be a named person (or persons where a job share exists) with responsibility for day-to-day implementation of this policy. This person is responsible for ensuring that staff are suitably trained. The named persons at Samuel Whitbread are Alison Eaton and Paula Codling, and her SLT link for her work linked to this policy Jenny Swift as SENDCO.
- 3.1.2. All staff will be made aware of a child's condition through the Urgent First Aid List, and IHCP held in the school MIS.

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- 3.1.3. There will always be a number of trained first aid staff to ensure adequate cover in the case of staff absence. These staff will be aware of students' medical conditions and/or where to find this information.
- 3.1.4. The Urgent First Aid List will be shared with supply or cover teachers.
- 3.1.5. The named persons will support staff in planning educational visits and school trips involving students with medical conditions, ensuring that they are support with appropriate risk assessments specific to the visit.

### **3.2. Notification that a student has a medical condition/medical concern awaiting diagnosis/suspected medical condition**

- 3.2.1. Parents/carers should inform the academy of any medical conditions that their child may have, which is requested on the New Starter Form on entry.
- 3.2.2. This information will be recorded on the new starter form and passed on during the transition process. The same procedures apply to in-year transfers.
- 3.2.3. The information will be recorded on the /student's file, and added to the school MIS.
- 3.2.4. The school does not need to wait for a formal diagnosis before providing support students. The school will work with parents/carers and medical professionals to ensure that the correct support is in place as soon as is practicably possible.
- 3.2.5. During transition of new students that may have physical impairments/ disabilities/ access needs, school will see if there are any reasonable adjustments that need to be made to the school site.

### **3.3. Healthcare Plans (see Appendix 1)**

When a child has a medical condition that requires support in school, and all are agreed that one is required, the school, parents/carers/carers and a relevant healthcare professional will work in partnership to create and review IHCPs. Where appropriate, the students will also be involved in the process.

- 3.3.1. the medical condition, its triggers, signs, symptoms and treatments;
- 3.3.2. 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;
- 3.3.3. specific support for the student's 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;
- 3.3.4. The level of support needed, (some students will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- 3.3.5. who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- 3.3.6. who in the academy needs to be aware of the child's condition and the support required;
- 3.3.7. arrangements for written permission from parents/carers and the Principal for medication to be administered by a member of staff, or self-administered by the students during school hours;
- 3.3.8. separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- 3.3.9. where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- 3.3.10. 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.

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- 3.3.11. all IHCPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Where a child has SEN and an EHCP, the healthcare should be linked to or be part of EHCP.
- 3.3.12. Where a student has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHCP.

Initially, information for an IHCP is to be obtained from parents/carers (including information from medical professionals) via a Google Form. In most instances, this will be sufficient to form a IHCP of how staff best care for a student whilst in school. However, if further staff training or adjustments are needed to the information given by parents/carers is needed, the first aid co-ordinator will contact parents/carers to arrange a review meeting where arrangements can be mutually agreed.

When agreed, the IHCP will be published on BromCom.

### **3.4. Roles and Responsibilities**

- 3.4.1. The Governing body is responsible for making sure that this policy is developed and implemented. They are to ensure that relevant staff have received suitable training and are competent before they take on responsibility to support students with medical conditions.
- 3.4.2. The principal is responsible for implementing the policy. They are to ensure that all staff are aware of the policy and that staff are aware of students' conditions, recruiting staff as needed and providing training. They should ensure that there is sufficient insurance in place.
- 3.4.3. Academy Staff may be asked to support students with medical needs, although cannot be required to do so. They should be sufficiently trained to undertake the duties. All academy staff should know what to do should a child with a medical condition require help.
- 3.4.4. A Healthcare professional will notify the academy when a child has been identified as having a medical condition, which will require support in school. This notification may come via parents/carers. If required, an IHCP will be written and agreed by healthcare professionals, parents/carers and the Academy.
- 3.4.5. Where appropriate and necessary, students should be involved in the process supporting their needs, and should contribute as much as possible to their healthcare plan. Students who are competent in managing their own needs should be encouraged to do so, including managing their own medication and procedures.
- 3.4.6. Parents/carers should provide the academy with up-to-date information about their child's needs.

### **3.5. Staff Training and Support**

- 3.5.1. The member of staff responsible for students with medical conditions will review the needs of students in the academy and make a judgement on the training that is required for staff, they will then commission the training from relevant healthcare professionals.
- 3.5.2. Any staff member providing support to a student with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of IHCPs, on a yearly basis for all school staff, and when a new staff member arrives. Regular First Aid room staff will complete relevant training/e-learning on Administration of Medication.
- 3.5.3. A first-aid certificate may not constitute appropriate training for supporting students with medical conditions.
- 3.5.4. Any member of staff being asked to support a students with medical needs will be given appropriate training as informed by the IHCP

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- 3.5.5. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training/awareness.
- 3.5.6. Whole school awareness training or training to specific staff will be provided as required throughout the year linked to students' needs.

### **3.6. Managing medicines on school premises**

- 3.6.1. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 3.6.2. The designated First Aid Co-Ordinator will undertake training in the administration of medicines. In their absence, a nominated first aider will take on the role of administering medication.
- 3.6.3. In almost all cases, students will be able to self-administer their own medication. If this is not the case, parents/carers and carers must inform the academy in writing by completing the online form which is available from the designated First Aid Co-Ordinator.
- 3.6.4. Prescribed medication will only be given if it is in the original container from the pharmacy, clearly stating students/students name, D.O.B. name of medication and dosage to be administered. It must be in-date.
- 3.6.5. Medications for the control of asthma, diabetes and allergies may be carried by students themselves, but must be used in a safe and responsible manner. Emergency supplies may be stored by the designated First Aid Co-ordinators room and be accessible at all times.
- 3.6.6. Parent/Carers are responsible for medications being delivered to the academy and collecting unused medication at the end of treatment.
- 3.6.7. Prescribed medicines in the controlled drugs category will be held by the designated First Aid Co-ordinator in a locked, non-removable cabinet in the designated First Aid Co-ordinators room.
- 3.6.8. 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.
- 3.6.9. The designated First Aid Co-ordinator will keep accurate records of all medications administered, and will inform parent/carers of any reactions to medication.
- 3.6.10. The Academy will ensure that staff accompanying trips and visits are aware of any students needing medication, and will be advised by the designated First Aid Co-ordinator to speak with parent/carers prior to the visit.
- 3.6.11. Wherever possible students should be allowed to carry their own medicines or own devices or should be able to access their own medication for self-administration quickly and easily.
- 3.6.12. Medication stored in school is recorded on Smartlog, this system tracks expiry dates and alerts parents/carers when replacements are required at various points including 14 days before, day of expiry as well as post expiry.
- 3.6.13. If medication is damaged, it should be disposed of by appropriate means and parents/carers alerted to replaced.
- 3.6.14. If medication is 'used parents/carers should be alerted to replace

### **3.7. Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the student's Health Care Plan, but it is generally not acceptable to:

- 3.7.1. Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- 3.7.2. Assume that every students with the same condition requires the same treatment.
- 3.7.3. Ignore the views of the students or their parents/carers.
- 3.7.4. Ignore medical evidence or opinion (although this may be challenged).

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- 3.7.5. Send students 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 IHCPs.
  - 3.7.6. If the students becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
  - 3.7.7. Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
  - 3.7.8. Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
  - 3.7.9. Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their students, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
  - 3.7.10. 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.
  - 3.7.11. Administer, or ask students to administer, medicine in communal school toilets.
- 3.8. Administration of First Aid, pain relief, antihistamines and rescue medication**
- 3.8.1. First Aid will be administered by staff members who are suitably qualified, under the guidance of the First Aid Co-ordinator.
  - 3.8.2. Pain relief and antihistamine will only be administered following written consent from parent /carers. This consent is requested when joining the Academy via the 'New Starter Form' for pain relief and antihistamine.
  - 3.8.3. Written permission to administer rescue medication should be provided when completing/obtaining a copy of a student's IHCP. The Academy notes that written permission to administer an Auto Adrenaline Injector is only recommended as best practice and whilst it is sought via the IHCP process, they can be administered without prior written consent.
  - 3.8.4. No student will be given aspirin, unless prescribed by a doctor.
  - 3.8.5. Only those staff trained in administration of adrenaline auto-injectors (AAIs) and Buccal Midazolam should administer the medication, unless under the instruction of an emergency call handler.
  - 3.8.6. The designated First Aid Co-Ordinator will ensure no other medications containing Paracetamol, Ibuprofen or Antihistamines have been taken by students on the day unless they are prescribed.
  - 3.8.7. The designated First Aid Co-ordinator will keep accurate records with students name, tutor Group, time, dosage, consent check and reason given via the first aid room logging form (Smartlog).
- 3.9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)**
- 3.9.1. Parents/carers are required to provide the school with up-to-date information relating to their student's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
  - 3.9.2. The catering contractor employed by the Facilities Management Contractor will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e., the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g., in bold, italics or a different colour.
  - 3.9.3. Applicable Academy staff members receive appropriate training and support relevant to their level of responsibility, in order to assist students with managing their allergies.

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- 3.9.4. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs) should be easily found on the student's person, an additional injector may be held in the First Aid Room in a plastic container, which is clearly labelled with students name and IHCP.
  - 3.9.5. The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergy Safety Policy. Where a student has been prescribed an AAI, this will be written into their IHP.
  - 3.9.6. Students with allergens treated with an auto-injector will be listed on the Urgent First Aid list.
  - 3.9.7. Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. The Academy notes that in accordance with Allergy Safety In Schools guidance, any member of staff can administer an injector and there should be no delay in administering the injector.
  - 3.9.8. In the event of anaphylaxis, a first aider will be contacted immediately, the first aider should come to the casualty and not the other way round. Any member of staff can administer the adrenaline auto injector if required.. If necessary, other staff members may assist the first aider with administering AAIs, e.g. if the student needs restraining.
  - 3.9.9. Where a student is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
  - 3.9.10. In the event that an AAI is used, the student's parents/carers will be notified that an AAI has been administered. Where any AAIs are used, the following information will be recorded on the First Aid record:
    - 3.9.10.1. Where and when the reaction took place
    - 3.9.10.2. How much medication was given and by whom
  - 3.9.11. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use in the schools sharps container.
  - 3.9.12. In the event of a school trip, students at risk of anaphylaxis will have their own pair AAI with them.
  - 3.9.13. Further information about emergency spare inhalers, emergency spare auto injectors and management of allergies can be found in the Allergy Safety Policy.
- 3.10. Students carrying their own pain relief**
- 3.10.1. Samuel Whitbread Academy also supports students who choose to carry pain relief medication for use during the day. Therefore, Samuel Whitbread Academy allows students to carry one dose of paracetamol or ibuprofen i.e., 2 500mg tablets, for pain relief during the day.
- 3.11. Emergency Salbutamol**
- 3.11.1. In line with the Department for Health "Guidance on the use of emergency inhalers in schools<sup>1</sup>" we may keep an emergency Salbutamol inhaler for those students with a diagnosis of asthma and an existing prescription for salbutamol.
  - 3.11.2. The emergency salbutamol inhaler should only be used by students who have been diagnosed with asthma, and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given via the ICHP process
  - 3.11.3. This information should be recorded in a child's healthcare plan.
  - 3.11.4. Further information about emergency spare inhalers, emergency spare auto injectors and management of allergies can be found in the Allergy Safety Policy.

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<sup>1</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/360585/guidance\\_on\\_use\\_of\\_emergency\\_inhalers\\_in\\_schools\\_October\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf)

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### **3.12. Emergency Procedures**

- 3.12.1. The individual healthcare plan will clearly state what needs to be done in an emergency.
- 3.12.2. If a student needs to be taken to hospital, staff will stay with the students/students until a parent arrives to take them to hospital or accompany them in the ambulance.
- 3.12.3. A defibrillator is available in the school reception, along with other emergency equipment.

### **3.13. Trips, Visits, Sports Activities and Transport**

- 3.13.1. We will actively support all students with medical conditions to enable them to take part in the full range of trips, visits, sporting activities and events organised in our academies.
- 3.13.2. Group leaders and supervisors must be made aware of medical needs and how it will affect the activity, with appropriate risk assessment being put in place. Staff should follow Central Bedfordshire Policy on Education visits and Journeys.
- 3.13.3. It may be helpful to notify the school transport providers about a child's medical needs.

### **3.14. Record keeping**

- 3.14.1. The governing board will ensure that written records are kept of all medicine administered to students.
- 3.14.2. The BEST GDPR policy contains information on the storage and retention of data.

### **3.15. Liability and indemnity**

- 3.15.1. BEST will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

### **3.16. Students with Health Needs who cannot attend school**

- 3.16.1. Where a child with health needs is unable to attend school, in accordance with the Statutory Guidance for Local Authorities (Ensuring a good education for students who cannot attend school because of health needs, HM Govt, January 2013), the school will meet with parents/carers and request support from Central Bedfordshire Medical Needs Service.
- 3.16.2. The guidance states "LAs should, however, arrange provision as soon as it is clear that an absence will last more than 15 days and it should do so at the latest by the sixth day of the absence, aiming to do so by the first day of absence. Where an absence is planned, for example for a stay or recurrent stays in hospital, LAs should make arrangements in advance to allow provision to begin from day one." (ibid. s.15)
- 3.16.3. We will collaborate fully with the LA Medical Needs service and ensure that the support provided is always in the best interest of the child.
- 3.16.4. We will work with the LA medical needs service in order to create bespoke reintegration plans for young people returning to school following a period of absence due to their health needs.

### **3.17. Handling Complaints**

- 3.17.1. The Complaints Policy sets out the process that needs to be followed to pursue a complaint.

## **4. Monitoring and Evaluation**

The effectiveness of this policy will be monitored and evaluated through ongoing self-evaluation and analysis of the outcomes of students with medical conditions, including attendance rates, achievement profile and involvement in school life.

## **5. Implementation and Review**

This will be implemented by the members of staff with responsibility for first aid and pastoral care.

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The Assistant Principal (SEND and Inclusion) is responsible for policy implementation.

This policy will be made known to all staff, parent/carers, students and governors via the academy website. This policy will be reviewed by the Governors every year.

### **6. Links with other policies**

- Accessibility plan
- Complaints
- Equality policy
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- GDPR
- Allergy Safety

### **7. Author and Date**

Thomas Rowell – April 2017

Revised September 2018

Revised November 2019

Revised November 2020

Revised July 2021

Revised September 2022

Revised September 2023

Revised November 2024

Revised JAS - March 2026

Revised BW – August 2026

Date ratified by Governors – September 2026

Next review date – September 2027

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**Appendix 1 – The SWA Health Care Plan**

<https://forms.gle/dQFD5eZ7Hiepxp62A>

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**Appendix 2: Link to First Aid Room – Student Registration – Now Recorded  
via Smartlog Medical Tracking. Guidance on how to do this in the H&S drive**