South East Essex Academy Trust

SEEAT Supporting Pupils with Medical Conditions Policy 2025

Title	Supporting Pupils with Medical Conditions
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The Westborough School

School Information and Key Contacts

School Context **Two form entry school with a Nursery.**
Names of First Aiders: Sharon Pankhurst, Gabbrielle Offord, Tonya Brook, Julie Light- Copeland, Katy Doucy, Tara Smith, Michelle Lane, Sally Scott, Kay Hammond, Rabia Khatun, Ilona Pirie, Kirsty Evans, April Franklin, Lee Goddard, Hannah Scudder, Charlie Russo, Shannon Humphreys, Kamran Khan, Eric Funa, Anna Stoneman, Kes Harker.
Name of staff member with delegated responsibility for Individual Healthcare Plans: **Katishe Macey and Gabrielle Offord**
School Nurse Contact Details: **Rebecca Clarke**
Headteacher: **Tonya Brook**

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2. Introduction

The South East Essex Academy (SEEAT) is committed to giving all its students opportunities to access the curriculum. Every effort will be made to ensure that all students with medical needs experience the best possible care whilst at school. This policy provides a sound basis for ensuring that children with medical needs receive proper care and support at each Academy and that commitment is given to making reasonable adjustments to development/or adaptation to Academy facilities for children with medical conditions.

All medical information received by each Academy within SEEAT will be treated confidentially. Information to ensure the safety and care of individual students will be disclosed as appropriate to staff of the Academy. Such procedure will be discussed with the students and parents for their agreement prior to the 'disclosure.' (Throughout this policy, the term 'parents' means all those having parental responsibility for a child).

All Trust schools will hold up-to-date procedures specific to the individual's schools, giving guidance on the implementation of the policy.

In the event of a complaint, reference will be made to the Complaints Policy. Reference may also be made to the school's insurance policy if requested.

3. Aims

This policy aims to ensure that:

● Pupils, staff, and parents understand how each Academy will support pupils with medical conditions
● Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The local governing body for each Academy will implement this policy by:

● Making sure sufficient staff are suitably trained
● Making staff aware of pupil's condition, where appropriate
● Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
● Providing supply teachers with appropriate information about the policy and relevant pupils
● Developing and monitoring individual healthcare plans (IHPs)

4. Legislation and Statutory Responsibilities

This policy meets the requirements Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance: Supporting Puils at School with Medical Conditions.

This policy also complies with SEEAT's funding agreement and articles of association.**5. Roles and Responsibilities**

5.1 The Local Governing Body

The local governing body for each school has ultimate responsibility to make sure there are adequate arrangements to support pupils with medical conditions. Each local governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

5.2 The Headteacher *(or a named person delegated by the head teacher)*

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is enough trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the appropriate school nursing service in the case of any pupil who has a medical condition that may require support at their Academy, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

5.3 Staff

Supporting pupils 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 pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will consider the needs of pupils 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.

5.4 Parents

Parents will:

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

● Be involved in the development and review of their child's IHP (where one is required) and may be involved in its drafting

● Carry out any action they have agreed to as part of the implementation of the IHP e.g., provide medicines and equipment, and ensure they or another nominated adult are always contactable.

5.5 Pupils

Children and young people with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions

about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

5.6 School Nurses and other Healthcare Professionals

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts at the school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as specialist nurses GPs and paediatricians, will liaise with the school nursing service and notify them of any pupils identified as having a medical condition. They may also provide help on developing IHP's.

6. Equal opportunities

The Trust is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits, and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

7. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the Academy. See Appendix 1.

8. Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. If the role has been delegated, please see the opening page.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Academy Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents, and a relevant healthcare professional, such as the school nurse, specialist, paediatrician, who can best advice on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education health, and care plan (EHC). If a pupil has SEND but does not have an EHC plan, the pupils SEND need will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher, or the person delegated by the head teacher and SENDCo (Special Educational Needs Coordinator) where a student is identified as SEN or has an EHCP (Education Health and Care Plan) will consider the following when deciding what information to record on IHPs:

● The medical condition, its triggers, signs, symptoms, and treatments
● The pupil'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 pupil'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
● 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 pupil'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 pupil'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 pupil during school hours

● Separate arrangements or procedures required for school trips or other 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/pupil, the designated individuals to be entrusted with information about the pupil's condition
● What to do in an emergency, including who to contact, and contingency arrangements

9. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

● When it would be detrimental to the pupil's health or school attendance not to do so and

● Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils are not permitted to carry paracetamol on them at the school. Should they require pain relief they must attend the office, or pupil services

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school 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

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and 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 pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

9.1 Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

9.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHP's.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force pupils to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

10. Managing illness during the school day

If a student becomes ill in a lesson and the teacher feels that medical treatment is required, the student should first be sent to the school office or pupil services, accompanied by another student.

Where parents have been contacted about their child being unwell, parents have the responsibility to collect their child or arrange for their child to be collected as soon as possible.

The Trust has a strict policy that no medication will be given orally or externally unless permission has been given by the parent in writing for a prolonged period or by email in a one-off situation. Parents will be contacted each time a new drug is to be administered to a child.

If the teacher feels that the students is too ill or injured to be moved, then a designated First Aider should be called. First Aid should be administered as appropriate. If it is thought that follow-up treatment is required, the parent will be contacted, or a letter sent home with the student.

In more serious cases, where hospital attention is deemed necessary, the Academy will contact parents, who will be expected to take their child to hospital.

The First Aider will inform parents in writing of any serious accident or attack or condition that occurs while the student is in one of the Academies; such occurrences will be recorded.

In an emergency, an ambulance must be called, either by the First Aider involved or the Academy Headteacher/Deputy Headteacher, and the parent contacted by the Academy. In the absence of a parent, a member of staff must accompany the student to the hospital and remain there until the parent arrives.

If a parent cannot be contacted, the school will act in loco parentis and give permission for any emergency treatment.

Staff will not take students to hospital in their own cars.

11. Off Premise visits

The Trust believes that all students are entitled to participate fully in activities associated with their Academy and will always attempt to accommodate students with medical needs. However, consideration must be given to the level of responsibility that staff can be expected to accept.

Parents must inform the school in writing of any known medical condition that their child suffers from. The staff supervising the trip/visit must be adequately briefed by the parents, including relevant emergency procedures and adhere to the child's IHP, if they have one.

If the visit extends beyond the hours of the normal school day and a student should need to take medication, the parent must inform the teacher in charge of the visit. The medication must be given to the teacher in charge with clear written instructions about the dosage.

It is the responsibility of the trip organiser and teacher to ensure that the medication is available when required. If this is likely to cause a problem, for example, because of the lack of refrigeration, this should be discussed with the parent.

No member of staff will administer injections. If a student requires injections, other arrangements will have to be considered, e.g. the parent accompanying the group.

On returning to the Academy the medication and form is returned to the office.

12. Unacceptable practice

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

● Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary

● Assume that every pupil with the same condition requires the same treatment

● Ignore the views of the pupil or their parents

● 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 pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

● Penalise pupils for their attendance record if their absences are related to their medical condition, e.g., hospital appointments

● Prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to manage their medical condition effectively

● Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs

● Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

● Administer, or ask pupils to administer, medicine in school toilets

13. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

14. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher, or another designated person. Training will be kept up to date.

Training will:

● Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils

● 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.

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

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.

15. Record keeping

The local governing body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

16. Liability and indemnity

The local governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Details of the school's insurance policy can be found on page 1, under school information.

17. Complaints

Parents or carers with a complaint about the school's actions about their child's medical condition should discuss these directly with the headteacher, or another person designated by them in the first instance. If they cannot resolve the matter, they will direct parents/carers to the trust's complaints procedure.

18. Monitoring arrangements

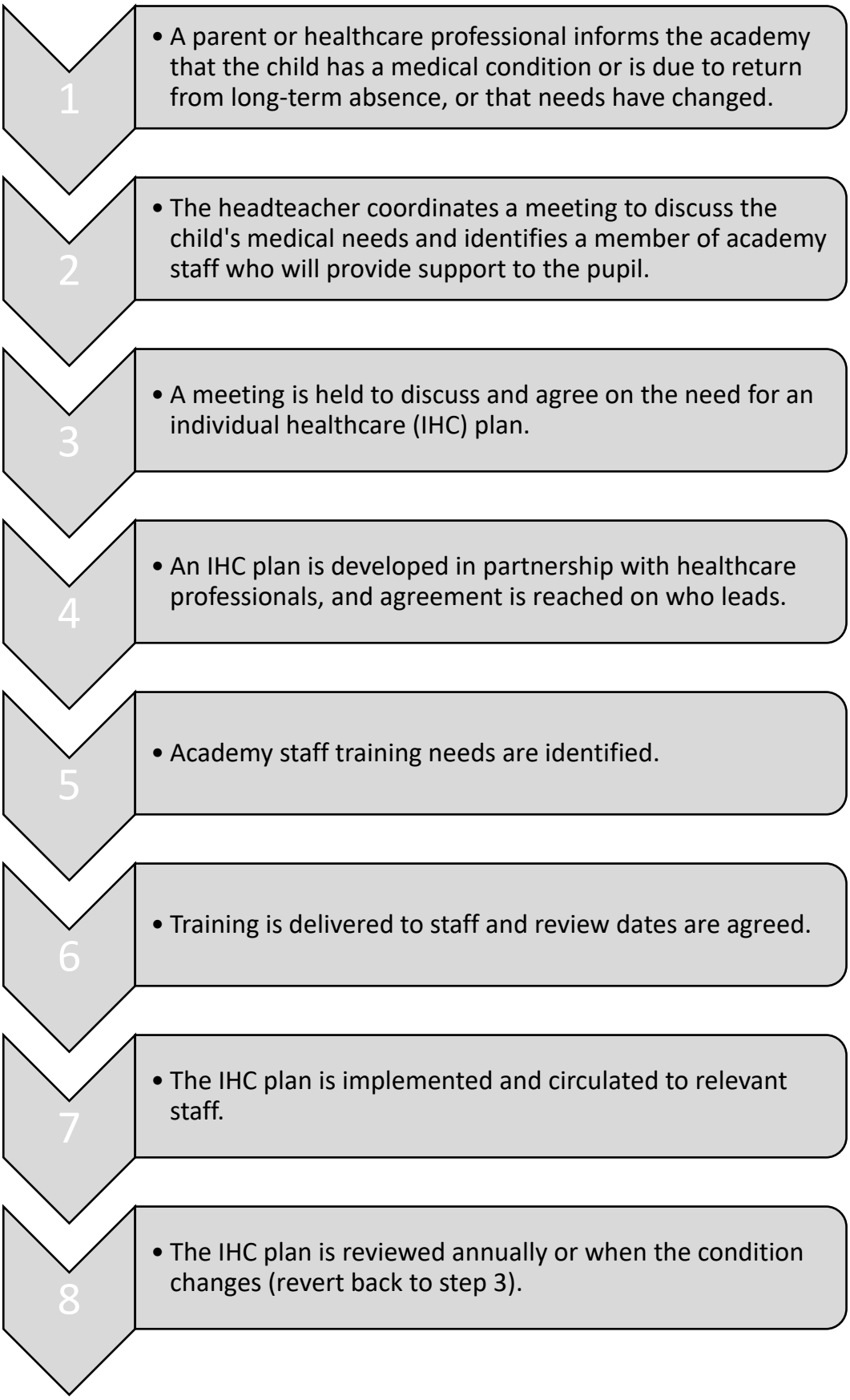
This policy will be reviewed and approved by the Education Committee and adopted the local governing body (LGB).

20. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding & child protection policy
- Special educational needs information report and policy

Appendix a – Individual Healthcare Plan Implementation Procedure



Appendix b – Individual Healthcare Plan

Child's name:	
Group/class/form:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	
Review date:	

Family contact information

Name:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	

Clinic/hospital contact

Name:	
Phone number:	

Child's GP

Name:	
Phone number:	
Who is responsible for providing support in academy?	

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

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

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

Arrangements for academy visits/trips:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Appendix c – Parental Agreement for the Academy to Administer Medicine

The academy will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by:	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	

Medicine

Name/type of medicine *(as described on the container):*	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions/other instructions:	
Any side effects that the academy needs to know about:	
Self-administration – Y/N:	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	

I understand that I must deliver the medicine personally to:	(Name of staff member)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff administering medicine in accordance with the academy policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature(s)_____ Date _____

Appendix d – Record of Medicine Administered to an Individual Child

Name of child:	
Date medicine provided by parent:	
Group/class/form:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature _____

Signature of parent _____

Date:			
Time given:			
Dose given:			
Name of member of staff:			

Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
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Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Appendix e – Record of Medicine Administered to All Children

Date	Child's name	Time	Name of medicine	Dose given	Any reactions?	Signature of staff	Print name