

# RIPLEY ST THOMAS

CHURCH OF ENGLAND ACADEMY



## Supporting Pupils with Medical Conditions

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*An Education for Life*

## OUR VISION

We aim for all members of our Christian community to flourish spiritually, academically and personally so that they can live life in all its fullness.

*'I have come in order that you might have life – life in all its fullness.'*

(John 10:10)

## Statement of intent

The governing body of Ripley St Thomas Academy has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Ripley St Thomas believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions (but not all) may also have special educational needs and disabilities (SEND) and have an education health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

## **1. Legislative framework**

1.1. This policy has due regard to legislation including, but not limited to:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The NHS Act 2006
- The Care Act 2014
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 2001
- The Medicines Act 2012
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

1.2. This policy also has due regard to the following guidance:

- DfE (2014) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions' December 2015
- DfE (2022) First aid in schools, early years and further education updated February 2022
- Ofsted :The education inspection framework 2019

## **2. The role of the Headteacher**

2.1. The Headteacher:

- Ensures that this policy is effectively implemented with partners
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of individual health and care (IHC) plans.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.

## **3. The role of parents/carers**

3.1. Parents/carers:

- Notify the school if they are aware their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHC plan.
- Carry out any agreed actions contained in the IHC plan.
- Ensure that they, or another nominated adult, are contactable at all times.

## **4. The role of pupils**

4.1. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHC plan as appropriate.
- Are sensitive to the needs of pupils with medical conditions.

## **5. The role of school staff**

### **5.1. School staff:**

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## **6. The role of the NHS school nurse**

### **6.1. The NHS school nurse (HCRG):**

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHC plans and provides advice and training as appropriate.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.
- Provides support in school to pupils on her weekly visits.

## **7. The role of clinical commissioning groups (CCGs)**

### **7.1. CCGs:**

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Are responsive to Ripley St Thomas for looking to improve links to our health services.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

## **8. The role of other healthcare professionals**

### **8.1. Other healthcare professionals, including GPs and paediatricians:**

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHC plans.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.
- The role of providers of health services

- Providers of health services co-operate with Ripley, ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

## **9. The role of the Academy Trust**

- 9.1. To ensure that arrangements are in place to support pupils with medical conditions in accordance with the statutory duty.
- 9.2. To provide the same opportunities and access to school for children with and without medical conditions.
- 9.3. Challenge school to focus on the individual child and how their medical condition impacts life at school.
- 9.4. To ensure parents are given confidence that effective support will be given in school.
- 9.5. Ensure that school's policies, plans, procedures and systems are properly and effectively implemented.

## **10. The role of the Local Authority**

- 10.1. The Local Authority:
  - Commissions the NHS school nurse to work at Ripley.
  - Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
  - Supports Ripley when requested to ensure that pupils with medical conditions can have access to full-time education either on or off site.

## **11. Admissions**

- 11.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 11.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

## **12. Notification procedure**

- 12.1. When the school is notified that a pupil has a medical condition that requires support in school, the NHS school nurse informs the school. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHC plan.
- 12.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 12.3. For a pupil starting at the school in a September intake, arrangements are in place prior to their enrolment and informed by their previous school.

- 12.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place as soon as possible.

### **13. Staff training and support**

- 13.1. Any staff member providing support to a pupil with medical conditions receives suitable training.
- 13.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 13.3. Training needs are assessed by the NHS school nurse through the development and review of IHC plans, on an annual basis or if medical needs change for all school staff, and when a new staff member arrives.
- 13.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications and any preventative measures that must be taken.
- 13.5. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 13.6. Whole school awareness training is carried out on an annual basis or if medical needs change for all staff, and included in the induction of new staff members.
- 13.7. The NHS school nurse identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 13.8. Training is commissioned by the school business manager and provided by the following bodies:
- Commercial training provider
  - The NHS school nurse
  - The pupils' GP and/or consultant
  - Parents/carers of pupils with medical conditions
- 13.9. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

### **14. Self-management**

- 14.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHC plan.
- 14.2. Pupils should not carry their own medicines or devices with the exception of asthma inhalers, epi-pens, diabetic testing kits or personalised emergency medication. Medication should be given to the school first aider who will keep it safe. Controlled drugs will be kept secure in the medical room. Medicines should be clearly labelled indicating whose medicine it is, the required dosage and when it should be administered. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure

agreed in the pupil's IHC plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

- 14.3. Pupils temporarily needing to use crutches on site have an assessment made of their capability. Timetable amendments will be made as necessary. Pupils will be informed about wet surfaces and the procedure should there be a fire evacuation.

## **15. Individual healthcare (IHC) plans**

- 15.1. Ripley, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHC plan is required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the Headteacher makes the final decision.
- 15.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process.
- 15.3. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHC plan.
- 15.4. IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 15.5. IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 15.6. Where a pupil has an education, health and care (EHC) plan the IHC plan is linked to it or becomes part of it.
- 15.7. Where a child has SEND but does not have an EHC plan, their SEND should be mentioned in their IHC plan.
- 15.8. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the Local Authority representatives to ensure that their IHC plan identifies the support the child needs to reintegrate.

## **16. Managing medicines**

- 16.1. Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 16.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.
- 16.3. Non-prescription medicines may be administered in the following situations:
  - When it would be detrimental to the pupil's health not to do so
  - When instructed by a medical professional
- 16.4. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

- 16.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 16.6. Parents/carers are informed any time medication is administered that is not agreed in an IHC plan or on admissions eg paracetamol
- 16.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 16.8. All medicines are stored safely in the medical room. Pupils know where their medicines are at all times and are able to access them immediately via a member of staff, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed who holds the key to the relevant storage facility.
- 16.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 16.10. Controlled drugs are stored in a non-portable container (at Ripley this is a safe) and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered on our electronic medical tracker system.
- 16.11. The school holds asthma inhalers for emergency use. The inhalers are stored in the medical room and their use is recorded
- 16.12. Staff may administer a controlled drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 16.13. Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom.

## **17. Record keeping**

- 17.1. Ripley uses an electronic tracker system (Medical Tracker) for recording accidents (including RIDDOR reports), incidents, IHC plans and staff training records. The school medical assistant administers this system.
- 17.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

## **18. Emergency procedures**

- 18.1. Medical emergencies are dealt with under the school's emergency procedures.
- 18.2. Where an IHC plan is in place, it should detail:
  - What constitutes an emergency.
  - What to do in an emergency.
- 18.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.



- 18.4. If a pupil needs to be taken to hospital, a member of staff will go with them if their parents/carers cannot be contacted. If parents have been contacted then they will be asked to meet their child at the hospital.

## **19. Day trips, residential visits and sporting activities**

- 19.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 19.2. Prior to an activity taking place, Ripley will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
- 19.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence, such as a GP, indicates that this is not possible.

## **20. Liability and indemnity**

- 20.1. The governing body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 20.2. The school holds a risk protection arrangement **with the Department for Education**

## **21. Complaints**

- 21.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 21.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.

## **22. Home-to-school transport**

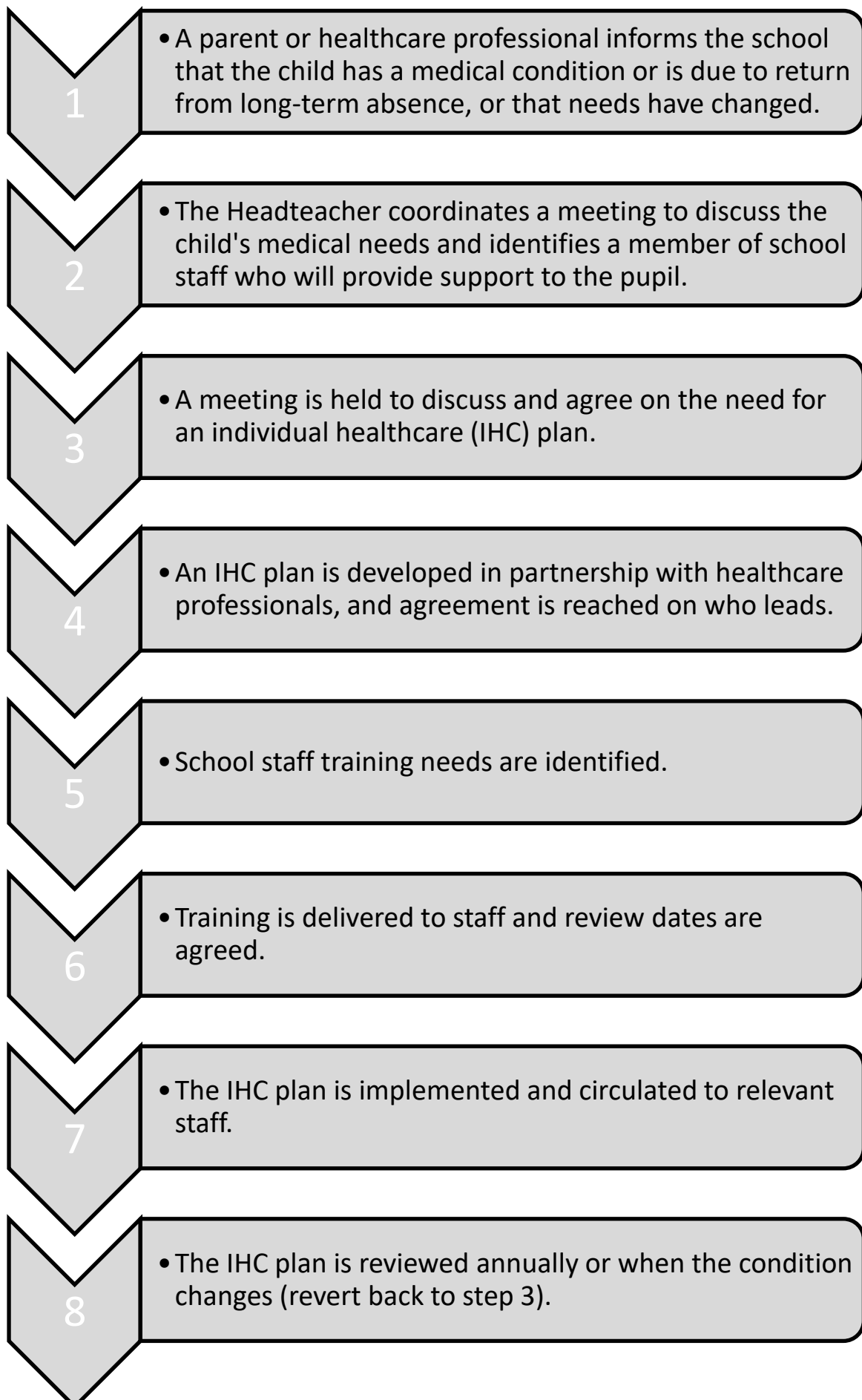
- 22.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of parents who may seek support from the Local Authority.

## **23. Defibrillators**

- 23.1. Ripley has three semi-automated external defibrillator (AED).
- 23.2. These AED are stored at main school reception, 6<sup>th</sup> form reception and the sports hall.
- 23.3. All staff members and pupils are aware of the AED's location and what to do in an emergency.
- 23.4. No training is needed to use the AED, as voice and/or visual prompts guide the user through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.



## Appendix a - Individual Healthcare Plan Implementation Procedure



## **Appendix b - Contacting Emergency Services**

### **To be stored by the phone in the school office**

**Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

- The telephone number: 01524 64496
- Your name.
- Your location as follows: Ashton Road, Lancaster LA1 4RS
- The satnav postcode: LA1 4RR
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.