Supporting Students with Medical Conditions at School

Policy Code *OPC/6*	**Authorisation Date** *May 2025*	**Next Review Date** *May 2027*
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Associated Documents *First Aid Policy* *Health & Safety Policy*		

1. PURPOSE

The purpose of this policy is to ensure that OSG UK Plymouth Campus ("The Campus") has safeand effective procedures in place for the support of students with medical conditions, and that staff, students and parents are aware of these procedures.

2. SCOPE

This policy applies to all staff, parents and students who either have, or are responsible for the support of students with medical conditions and the management of medication at the Campus.

3. DEFINITIONS

Term	Definition
Children	For the purpose of this policy, this means all students at the Campus

4. INTRODUCTION/POLICY STATEMENT

4.1. INTRODUCTION

OneSchool Global UK has a statutory duty to make arrangements for students with medicalneeds under Section 100 of the Children and Families Act 2014. The policy and supporting documents are based on Department of Education statutory guidance (December 2015, updated August 2017) 'Supporting pupils at school with medical conditions.

All reference to the procedures around the management of staff medical conditions and medication can be found in the Health and Safety Policy. The focus of this policy is student provision.

4.2. POLICY PRINCIPLES

4.2.1. The Campus will help to ensure students can:

- Be healthy.
- Stay safe.
- Enjoy and achieve.
- Make a positive contribution.
- Achieve economic well-being.

4.2.2. The Campus ensures all staff understand their duty of care to children and youngpeople in the event of an emergency.

4.2.3. The Campus maintains a register of students with medical conditions. A copy of thisshould be held confidentially in the school office.

4.2.4. The Campus has identified Darren Macdonald as the named member of staff who has overall responsibility for the implementation of this policy under the ultimate responsibility of the Campus Principal.

4.2.5. Staff receive on-going training and are regularly updated on the impact medical conditions can have on students. The training agenda is based on a review of current healthcare plans.

4.2.6. All staff feel confident in knowing what to do in an emergency.

4.2.7. All staff understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

4.2.8. All staff understand the common medical conditions that affect children at this Campus and are familiar with their Individual Health Care Plans (IHCPs)

4.2.9. Campus Principals should ensure that their school's policy is effectively implemented with partners.

4.2.10. Although administering medicines is not part of teachers' professional duties, staffconsider the needs of students with medical conditions that they teach. Students with medical conditions will have this identified in the 'Health Background' on Bromcom to ensure staff awareness. IHCPs are reviewed annually by the lead professional along with the parents, students and a lead medical professional as needed. If evidence is provided that the child's needs have changed then the review may be earlier than this.

5. PROCEDURES

What should be done when the Campus is informed that a student has a medical condition?

Campuses do not need to wait for a formal diagnosis before providing support. In cases where apupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Agree need and support – Appendix 1 – Creation of an Individual Healthcare Plan – followthe flow chart on this document. Complete 1b Emergency Healthcare Plan.

Appendix 2 – Individual Healthcare Plan Template

Share identification of student and need – add to **Appendix 14 Medical Register** andensure that all relevant staff are kept informed.

Store IHCP – this should be saved as an attached document on Bromcom and added as a paper copy to the student file. It should also be confidentially made available to relevant staff who know where it is kept.

5.1. ROLES AND RESPONSIBILITIES

Campus Principal – ultimately responsible for ensuring this policy is implemented at Campus.

- Works with the lead professional to ensure that this is fully implemented.

Lead professional at this Campus is Darren Macdonald

- Ensure that sufficient staff are trained.
- Ensure that all relevant staff are aware of the child's condition.
- Make sure there are cover arrangements in place in case of staff absences to ensurethat someone is always available.

- Ensure that supply teachers are briefed on any medical conditions present in thegroups of students they are teaching and the necessary procedures.
- Ensure that risk assessments are in place for school visits, holidays and other school activities outside the normal timetable.
- Monitor individual healthcare plans.

CA Team – make sure the policy is implemented and regularly monitor.

- Ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

Parents – provide school with sufficient and up to date information on their child's medicalneeds.

- Play a key role in the development and review of the Individual Healthcare Plan
- Carry out any action they have agreed to as part of its implementation.
- Ensure all medicines provided to the Campus are within their expiry date.
- Ensure they or a nominated adult are contactable at all times.

Student – fully involved in discussions about their medical needs.

- Contribute to the development of and comply with their individual healthcare plan.

Campus staff – all may be asked to provide support to students with medical conditions,including the administering of medicines, although they cannot be required to do so.

- Consider the needs of students with medical needs that they teach.
- Receive sufficient and suitable training and achieve the necessary level of competencyto support students in their Campus with medical conditions.
- Any member of Campus staff should know what to do and respond accordingly whenthey become aware that a student with a medical condition needs help.

Other healthcare professionals – may provide advice on developing individual healthcareplans.

- Specialist local health teams may be able to provide support in school for students with particular conditions (e.g. asthma, diabetes, epilepsy)

Providers of health services - Providers of health services should co-operate with schoolsthat are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Training Provision

Suitable training should have been identified during the development or review of individualhealthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetingswhere this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing withthe school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up to date.

Training should be sufficient to ensure that staff are competent and have confidence in theirability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

School staff should receive training on Automated External Defibrillators (AEDs) in line with DfE advice and guidance.

School staff should have access to ongoing support, and refresher training should be provided as appropriate.
A first-aid certificate does not constitute appropriate training in supporting children withmedical conditions.
Healthcare professionals, including the school nurse, can provide confirmation of theproficiency of staff in a medical procedure, or in providing medication.
Annual whole school awareness training is provided during CPD provision to ensure that allstaff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy.
Any specific training needs should be entered on the Medical Register (Appendix 14) alongwith due dates to ensure completion.

5.2. MANAGEMENT AND MONITORING OF INDIVIDUAL HEALTHCARE PLANS

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.They will often be essential, such as in cases where conditions fluctuate or where there is ahigh risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.
However, not all children will require one. The Campus, healthcare professional and parentshould agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Campus Principal is best placed to take a final view. Healthcare plans should be either school led or health led. This would depend on the medical condition and needs of the individual student.

5.2.1. Campus Principals have overall responsibility for the development of individual healthcare plans. In this Campus, this has been delegated to Darren Macdonald with the support of the CAO's to help drawup an Individual Healthcare Plan for students with complex healthcare or educational needs as outlined in Section 5.

5.2.2. This Campus uses Individual Healthcare Plans to record important details aboutindividual children's medical needs at Campus, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to theIndividual Healthcare Plan if required.

5.2.3. If a student has a short-term medical condition that requires medication during Campus hours, a medication form plus explanation is sent to the student's parentsto complete (Appendix 4).

5.2.4. The parents, healthcare professional and student with a medical condition, areasked to fill out the student's Individual Healthcare Plan together. Parents thenreturn these completed forms to the Campus.

5.2.5. **Individual Healthcare Plans are used by this Campus to:**

- Provide clarity about what needs to be done, when and by whom.
- Capture steps which the campus should take to help the student manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services.
- Inform the appropriate staff and supply teachers about the individual needs of astudent with a medical condition in their care.
- Ensure that campuses effectively support students with medical conditions.
- Enable parents, medical professionals and staff with the student to agree thebest plan for the student.

- Plan 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.
- Agree the level of support needed and by who.
- Remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medicationwith them at all times.
- Identify common or important individual triggers for students with medical conditions at Campus that bring on symptoms and can cause emergencies.This Campus uses this information to help reduce the impact of common triggers.
- Ensure this Campus's local emergency care services have a timely and accurate summary of a student's current medical management and healthcarein the event of an emergency.
- Remind parents of students with medical conditions to ensure that any medication kept at Campus for their child is within its expiry dates. This includesspare medication.
- At review identify changing needs for staff training.

5.3. ADMINISTRATION OF MEDICATION

5.3.1. Medicines should only be administered at school when it would be detrimental to achild's health or campus attendance not to do so.

5.3.2. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent. This should be gained using Appendix 4:Parental Agreement for Campus to administer medicine.

5.3.3. The Campus understands the importance of taking the medication as prescribed and are aware that students with inhalers and EpiPens should carry them with them.

5.3.4. All staff understand that there is no legal or contractual duty for any member of staffto administer medication or supervise a student taking medication unless they have been specifically contracted to do so. Permission to administer pain killers is part ofthe annual terms and conditions of enrolment.

5.3.5. Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to students under the age of 16 withparental consent.

5.3.6. OneSchool Global UK are responsible to ensure full insurance and indemnity to staffwho administer medicines. The insurance policy includes liability cover.

5.3.7. Where clinically possible, medicines should be prescribed in dose frequencies thatenable them to be taken outside of school hours.

5.3.8. Administration of medication, which is defined as a controlled drug (even if thestudent can administer themselves) should be done under the supervision of amember of staff.

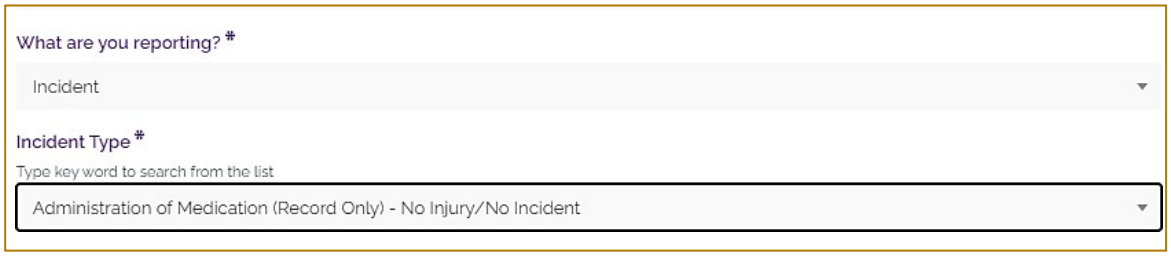
5.3.9. A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g., for pain relief, should never be administered without first checking maximum dosages and when the previous dosewas taken. Parents should always be contacted and asked to complete a consent for administration with email confirmation before pain killers are given.

5.3.10. Schools should only accept prescribed medicines if these are:

- In date.
- Labelled.
- Provided in the original container as dispensed by the pharmacist.
- Include instructions for administration, dosage and storage.

5.3.11. The exception to this is insulin which must still be in date but will generally beavailable to schools inside an insulin pen or a pump, rather than in its originalcontainer.

5.3.12. Administration of Medication – Recording Process:
School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with theprescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.
Therefore, this process has been assigned to Donesafe by recording the administration of medication via Incident Reporting as illustrated below and it mustcapture the information required in the **Appendix 13 Record of Medication administered on campus.**



5.4. CHILDREN WHO ARE COMPETENT TO MANAGE THEIR OWN HEALTH NEEDS AND MEDICINES

5.4.1. After discussion with parents, children who are competent should be encouraged totake responsibility for managing their own medicines and procedures. This should be reflected in their Individual Healthcare Plan.

5.4.2. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self- manage, relevant staff should help to administer medicines and manage proceduresfor them.

5.5. STORAGE OF MEDICATION

5.5.1. Safe storage – emergency medication such as Adrenaline Auto-Injector pens (EpiPens) Blood glucose and inhalers should be readily available at all times duringthe school day and not locked away.

5.5.2. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available. In the key safe in the first aid room, all trained first aiders have the code to this key safe. The student themselves needs to know where it is stored and who has access.

5.5.3. All students carry their own Adrenaline Auto-injector pens at all times, and a spare is kept in the easily accessible first aid kit hung on the wall outside of the first aid room ready for quick use in the event of an emergency.

- Students are reminded to carry their emergency medication with them.
- Please refer to Trip Policy and risk assessment as needed.

5.5.4. Safe storage – non-emergency medication:

- All non-emergency medication is kept in a lockable cupboard in the first aid room.
- Students with medical conditions know where their medication is stored and howto access it.
- Staff ensure that medication is only accessible to those for whom it is prescribed.

- 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 child for use is an offence. Monitoring arrangements may be necessary.

5.5.5. Safe storage – general:

Darren Macdonald ensures the correct storage of medication at Campus.

- Three times a year Darren Macdonald checks the expiry dates for all medication stored atCampus.

Darren Macdonald along with the parents of students with medical conditions, ensures thatall emergency and non-emergency medication brought into Campus is in the original container (except insulin) and clearly labelled with the student's name,the name and dose of medication and the frequency of dose. This includes allmedication that students carry themselves.

- Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. This is in a secure area,inaccessible to unsupervised students.
- It is the parents' responsibility to ensure new and in-date medication comes into Campus on the first day of the new academic year.
- When no longer required, medicines should be returned to the parent to arrangefor safe disposal. Sharps boxes should always be used for the disposal of needlesand other sharps.

RECORD KEEPING

Campuses should ensure that written records are kept of all medicines administered to students. Use ***Appendix 13 Medicines administered to students on campus*** for this.

5.6. IN AN EMERGENCY

5.6.1. Relevant staff understand and are updated in what to do in an emergency for themost common serious medical conditions at this Campus.

5.6.2. In an emergency situation Campus staff are required under common law duty ofcare to act like any reasonably prudent parent/carer. This may include administering medication.

5.6.3. This Campus uses Individual Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students with complex health needsin their care who may need emergency help. Supply staff are briefed on entry to theCampus, when undertaking their commissioned duties.

5.6.4. Make sure that Emergency Health Care Plan form 1b of the Individual HealthcarePlan is adhered to.

5.6.5. In the event of a student with an Individual Healthcare Plan needing to be taken to hospital, the Campus will ensure that a copy of the plan is provided for the hospital.

5.6.6. Information in Individual Healthcare Plans is also used to support transitional arrangements to another Campus and/or re-integration.

5.6.7. If a student needs to be taken to hospital, a member of staff will always accompanythem and will stay with them until a parent arrives. This Campus will try to ensure that the staff member will be one the student knows. The staff member concernedshould inform a member of the campus' senior leadership team.

5.6.8. All students with medical conditions should have easy access to their emergency medication. Items such as inhalers and Adrenaline Auto-injector pens are held bythe student who must take the responsibility to have it to hand at all times.

5.6.9. Where a student has been prescribed an inhaler or Adrenaline Auto-injector pen, thecampus gain consent from parents (see Appendix 3) for the use of the campus

owned inhaler or Adrenaline Auto-injector pen if the student cannot locate their ownin an emergency.

5.6.10. Students are encouraged to administer their own emergency medication (e.g., Adrenaline Auto-injector pens) where possible and should carry it with them at all times unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. Thisalso applies to any off-site visits.

5.6.11. Students are encouraged to keep spare supplies of emergency medication in the locked medication safe in the first aid room.

5.6.12. Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk ofanaphylaxis, where both medical authorisation and written parental consent for useof the spare AAI has been provided.

5.6.13. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use inemergencies.

5.6.14. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who haveeither been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

5.6.15. The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

5.7. SCHOOL TRIPS AND SPORTING ACTIVITIES

5.7.1. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states thatthis is not possible.

5.7.2. Campuses should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is bestpractise to carry out a risk assessment so that planning arrangements take accountof any steps needed to ensure that pupils with medical conditions are included.

5.7.3. Asthma inhalers, blood glucose testing meters and adrenaline pumps should bereadily available for the relevant student as needed.

5.7.4. For off-site activities, a risk assessment is undertaken to ensure students needing medication still have access and a staff member is named as the responsible lead. The risk assessment also helps to identify any reasonable adjustments that need tobe made.

5.7.5. **Travelling on the school bus**
Bus drivers should be made aware of any Individual Healthcare Plans and sealedcopies of associated emergency response guidance kept in the glove box for emergency purposes.

5.7.6. The Individual Healthcare Plan should include a section of specific requirementsaround travel and what drivers would need to know to respond to a medical emergency. (**Appendix 10 OneBus Emergency Procedure Example 1)**

5.7.7. Bus drivers should receive training on the key emergency responses for high risk medical issues for students they are carrying. The Campus Principal will organizethis.

5.7.8. Bus drivers should carry the relevant set of emergency response cards created bythe NSO. (**Appendix 12 OneBus medical Actions)**

5.7.9. Defibrillator use:

- All OSG campuses should have a Defibrillator in their campus in a locationfamiliar to all staff.

- There should be annual update training for all staff in its use.
- Campuses need to notify their local NHS ambulance service of its location.

5.8. UNACCEPTABLE PRACTICE

5.8.1. Our staff recognise that it is not acceptable practice to:

- Prevent children from easily accessing their inhalers and medication andadministering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence oropinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal Campus activities, including lunch, unless this is specified intheir individual healthcare plans.
- If the child becomes ill, send them to the Campus office or medical roomunaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to theirmedical condition, e.g., hospital appointments.
- Prevent students from drinking, eating or taking toilet or other breaks wheneverthey need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend Campus to administer medication or provide medical support to their child, including withtoileting issues.
- Prevent children from participating or create unnecessary barriers to childrenparticipating in any aspect of Campus life, including Campus trips, e.g., by requiring parents to accompany the child.

5.9. COMPLAINTS

5.9.1. Complaints about this policy and/or procedures should be dealt with in accordancewith the Campus' published Complaints Policy.

5.9.2. Arrangements for supporting students with medical conditions is a collective endeavour involving NHS and local authority commissioned services. Complaints therefore could relate to health services and support that are commissioned and provided by other organisations.

5.9.3. If the issue or complaint involves another organisation, in these instances the campus would signpost the complainer to the relevant organisation/service and provide support and assistance as required.

6. GUIDELINES

- Guidance on the use of adrenaline auto-injectors in Schools – September 2017
- Supporting pupils at Campus with medical conditions – December 2015, updatedAugust 2017
- Guidance on the use of emergency salbutamol inhalers in schools March 2015
- Section 100 of the Children and Families Act 2014.
- Supporting pupils at school with medical conditions – UNISON branch resource. Revised January 2025

7. ASSOCIATED DOCUMENTS

- First Aid Policy
- Health & Safety Policy
- Intimate Care Policy (appendix 4 of the Learning Support Policy)

8. ATTACHMENTS

- Appendix 1 Creation of an Individual Healthcare Plan
- Appendix 2 Individual Healthcare Plan Template
- Appendix 3 Asthma Consent Form for Emergency
- Appendix 4 Parental Agreement for Campus to Administer Medicines
- Appendix 5 Request for a Student to carry their own Medication
- Appendix 6 Staff Training Record – Administration of Medical Treatment
- Appendix 7a Guidelines for Administration of Rectal Diazepam in Epilepsy
- Appendix 7b Record of use of Rectal Diazepam
- Appendix 8 Contacting Emergency Services
- Appendix 9 Timeline by Term
- Appendix 10 OneBus Emergency Procedure – Example 1
- Appendix 11 OneBus Emergency Procedure – Example 2
- Appendix 12 OneBus Medical Actions
- Appendix 13 Record of Medication Administered on Campus
- Appendix 14 Medical Register

VERSION CONTROL

Policy Code	Date	Version No.	Nature of Change
OPC/6	March 2019	2	
OPC/6	March 2020	3	Review, minor updates and addition of extra appendix
OPC/6	March 2021	4	Review and update of Appendix 2
OPC/6	January 2022	5	Major review with added guidance and new appendiceswith forms
OPC/6	April 2023	6	Substantial review to include renaming to reflect revisedcontent on supporting students with medical needs and details of the use of IHCPS and responsibilities.
OPC/6	April 2024	7	Rewording of the requirements around documentation onthe bus and awareness of the drivers. Addition of Appendices on OneBus Emergency Procedure and OneBus medical action cards. Guidance wording on the preparation of the IHCP changed to ensure that that a medical professional should be involved in it. Amendments to the layout and storage of the medical needs register.
OPC/6	April 2024	7	Reference to the Administration of Medication process,now recorded on Donesafe via the Incident Reporting.
OPC/6	April 2025	8	CA team to regularly monitor in line with the UNISON guidelines Jan 2025. Detail added to Complaints section to reflect the potential integrated involvement of multiple services. Reference to Intimate Care Policy added. Reference to location of staff medication considerations in the Health and Safety Policy