



Supporting Students with Medical Conditions Policy

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Signed by:

A handwritten signature in blue ink that reads 'Lynne Howell'. The signature is written in a cursive style with a large initial 'L'.

Chair of Governors

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Contents:

Statement of intent

1. Legal framework
2. Roles and responsibilities
3. Admissions
4. Identifying and notifying medical conditions
5. Staff training and support
6. Self-management
7. IHPs
8. Managing medicines
9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)
10. Record keeping
11. Emergency procedures
12. Day trips, residential visits and sporting activities
13. Unacceptable practice
14. Liability and indemnity
15. Complaints
16. Home-to-school transport
17. Defibrillators
18. Monitoring and review
19. School statement

Appendices

- A. Individual Healthcare Plan Implementation Procedure
- B. Individual Healthcare Plan
- C. Parental Agreement for the School to Administer Medicine
- D. Record of Medicine Administered to an Individual Student
- E. Record of All Medicine Administered to Students
- F. Contacting Emergency Services
- G. Incident Reporting Form
- H. Model Letter

Supporting Students with Medical Conditions Policy

Statement of intent

The Governing Body of Fullhurst has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of students with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that students feel safe in the school environment.

Some students with medical conditions may be classed as 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 students with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these students, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

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

Fullhurst Community College ensures students with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's statutory guidance "Supporting pupils at school with medical conditions", which remains in force, and should be read alongside the DfE's statutory guidance "Allergy safety in schools" (2026) where allergy and anaphylaxis arrangements are concerned.

Ofsted places a clear emphasis on meeting the needs of students with SEN and Disabilities and this includes children with medical conditions.

Where a child cannot attend school because of health needs and would not otherwise receive a suitable full-time education, the local authority where the child lives is responsible for arranging suitable alternative provision. In line with the DfE statutory guidance "Arranging education for children who cannot attend school because of health needs", local authorities should be ready to make arrangements as soon as it is clear that a child is likely to be away from school for 15 days or more, whether consecutive or cumulative.

It is expected that schools will be able to make arrangements for the majority of Leicester City children who are not well enough to attend school full-time by making individualised arrangements in line with the statutory guidance for schools. This could include, for example, online provision, tuition in the home (from school staff or suitable agency staff), support to attend school part-time in line with their health needs.

In all cases, schools may opt to make arrangements directly for any child on their roll who is unable to attend school. There is full recharge to the child's school for any provision arranged by the local authority as detailed in the Recoupment Policy. Schools can access the medical needs policy, the referral process flowchart and the notification / referral template on the Schools' Extranet.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting students at school with medical conditions and allergy'
- Children's Wellbeing and Schools Act 2026
- DfE (2026) 'Allergy safety in schools'
- DfE (2023) 'Arranging education for children who cannot attend school because of health needs'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Equality, Diversity and Inclusion Policy
- Attendance Policy
- Allergen and Anaphylaxis Policy

2. Roles and responsibilities

The Governing Body will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that this policy is readily accessible to parents, carers and staff.
- Ensuring that all staff are aware of this policy and understand their responsibilities in implementing it.
- Ensuring that appropriate consideration is given to the training and awareness required where students have specific, less common or complex medical conditions.
- Recognising that any member of staff may be required to provide support in an emergency situation.
- Ensuring that arrangements are in place to support students with medical conditions.
- Ensuring that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each student and what support is required to support their individual needs.
- Instilling confidence in parents and students in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective students are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that students' health is not put at unnecessary risk. As a result, the board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support students and sets out the procedures to be followed whenever a school is notified that a student has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The Executive Headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that a named governor and a named senior leader are appointed to maintain oversight of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a student with a medical condition requires support that has not yet been identified.
- Ensuring that staff who are likely to support a student are aware when an IHP is in place and understand the responsibilities and procedures contained within it.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Students will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.

- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of students with medical conditions.

School staff will be responsible for:

- Providing support to students with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieving the required level of competency before taking responsibility for supporting students with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a student with a medical condition needs help.

The school nurse will be responsible for:

- Notifying the school at the earliest opportunity when a student has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for students with medical conditions.

Integrated care boards (ICBs) and relevant NHS health services will be responsible for:

- Working with local partners so that commissioned health services are responsive to children and young people's needs and can cooperate effectively with schools supporting students with medical conditions.
- Contributing, where relevant, to joint commissioning arrangements for children and young people with SEND, including health provision specified in EHC plans.
- Supporting effective links and communication between health services, local authorities and schools.
- Ensuring appropriate clinical input and support is available for students with long-term conditions and disabilities.
- Supporting commissioning arrangements that provide the ongoing health input needed to keep vulnerable students safe and able to access education.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for students with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that students with medical conditions can attend school full-time.

Where it is clear that a student is likely to be away from school for 15 days or more, whether consecutive or cumulative, and would not otherwise receive a suitable education, the LA is responsible for arranging suitable alternative education in accordance with current statutory guidance.

Definitions

“Medication” is defined as any prescribed or over the counter medicine.

“Prescription medication” is defined as any drug or device prescribed by an appropriately qualified healthcare professional.

A “staff member” is defined as any member of staff employed at Fullhurst Community College.

3. Admissions

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; 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.

The school will not ask, or use any supplementary forms that ask, for details about a child’s medical condition during the admission process.

4. Identifying and notifying medical conditions.

When the school is notified that a student has a medical condition that requires support in school, relevant professionals will inform the Executive Headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the student, with a view to discussing the necessity of an individual plan.

The school will not wait for a formal diagnosis before providing support to students. Where a student’s medical condition is unclear, or where there is a difference of

opinion concerning what support is required, a judgement will be made by the Executive Headteacher based on all available evidence, including medical evidence and consultation with parents.

Arrangements will be put in place prior to their introduction and informed by their previous school. Where a student joins the school mid-term or a new diagnosis is received, arrangements will be put in place promptly.

Fullhurst will:

- maintain an up-to-date record of students with medical conditions that may require support, including whether an individual healthcare plan (IHP) is in place.
- Gather relevant information before admission, including information from parents, the student and the previous setting, and obtain an existing IHP where one has been implemented.
- Ask parents and, where appropriate, the student to explain the condition and its impact on participation in school life.
- Put suitable arrangements in place by the start of the relevant term wherever possible, and promptly where a student joins mid-term or receives a new diagnosis.
- Review support when a student develops new medical needs or an existing condition changes.
- Ensure that relevant staff receive updated information and training whenever arrangements change.

5. Staff training and support

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 for staff providing individual support will be identified through the development and review of IHPs and whenever a student's needs or arrangements change. Whole-school medical-condition awareness will be refreshed on a termly basis and included in the induction of new staff. The school nurse and/or relevant healthcare professional will advise on the training and competency required for specific healthcare procedures or medication.

A first-aid certificate will not constitute appropriate training for supporting students with medical conditions.

Through training, staff will have the requisite competency and confidence to support students with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on a termly basis for all staff, and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be provided by the following bodies:

- Commercial training provider.
- The school nurse.
- Medical professionals/consultants.
- The parents of students with medical conditions.

The parents of students with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The Governing Body will provide details of further CPD opportunities for staff regarding supporting students with medical conditions.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of students in the class they are providing cover for.
- Covered under the school's insurance arrangements.

Policy awareness, induction and extended provision

Information about this policy and relevant procedures will form part of staff induction. The school will ensure that all staff understand how to obtain relevant information and what procedures to follow.

The policy also applies to staff and volunteers involved in before-school, after-school and other extended provision. Where activities are delivered by third-party providers, Fullhurst will take reasonable steps to ensure that providers are aware of the policy and the arrangements required to support students with medical conditions.

Training for staff supporting students with IHPs

Where a student has an IHP, the plan will identify any specific training or competency requirements for staff involved in providing support. Relevant healthcare professionals may advise on the nature and level of training, how it should be obtained and whether competency assessment is required.

- Training will normally be reviewed annually, unless healthcare professionals advise that a different frequency is appropriate. Staff providing support will, where appropriate, be included in discussions and reviews concerning the student's needs and IHP.

Training will enable relevant staff to:

- Provide the required support safely and effectively, including administering prescribed medication or carrying out healthcare procedures where this is part of the IHP.
- Understand the risks associated with the support being provided.

- Recognise signs, symptoms and triggers associated with the condition.
- Implement preventative measures and emergency procedures, including knowing when to seek urgent assistance.
- Fullhurst recognises that holding a first-aid certificate alone does not constitute sufficient training for supporting a student's specific medical condition.

Individual healthcare plans will be reviewed before educational visits, residential visits and sporting activities to ensure that appropriate arrangements, medication, trained staff and emergency procedures are in place.

6. Self-management

Following discussion with parents, students who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, students will be allowed to carry their own medicines and relevant devices. Where it is not possible for students to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily.

If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a student with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in line with school procedures.

7. IHPs

A formal diagnosis is not required before an IHP can be put in place. Where it is clear that a student has medical needs requiring individual arrangements, Fullhurst will provide support and record those arrangements in an IHP.

An IHP will be particularly important where a student:

- Requires prescribed medication during the school day.
- Has a personalised care or action plan provided by a healthcare professional.
- Has a known allergy requiring active management.
- Has a medical condition amounting to a disability for which reasonable adjustments are required.
- Has a complex, high-risk or emergency medical need requiring clear individual procedures.

The IHP will incorporate relevant healthcare action plans, medication arrangements, emergency procedures, known allergens, risk-reduction measures, reasonable adjustments, named staff and suitable cover arrangements.

An IHP may not be necessary for a lower-level or straightforward condition that can be managed safely through the school's general medical arrangements. The

Executive Headteacher will make the final decision, following discussion with parents and, where appropriate, healthcare professionals.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the student will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The student's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.
- The support needed for the student's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the student's condition and the support required.
- Arrangements for obtaining written permission from parents and the Executive Headteacher for medicine to be administered by school staff or self-administered by the student.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parents or student, the designated individual to be entrusted with information about the student's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a student has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a student has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

8. Managing medicines

Medicines will only be administered at school when it would be detrimental to a student's health or school attendance not to do so.

Where a student requires medication during the school day, the arrangements for administration, storage, access, consent and emergency action will be recorded in the student's IHP where an IHP is required.

Students under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the student without the parents' knowledge. In such cases, the school will encourage the student to involve their parents, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the student's health not to do so.
- When instructed by a medical professional.

No student under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed. Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and 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.

All medicines will be stored safely. Students will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, students will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a student for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room and their use will be recorded. Inhalers will be used in line with school procedures.

Records will be kept of all medicines administered to individual students, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Non- Prescription medicines

The school is aware that students may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

The school works on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Students and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a student is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with

identification.

- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

Paracetamol

The school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, cold symptoms, and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The school is aware that paracetamol for children is available as a syrup from the age of 2 months; and tablets (including soluble tablets) from the age of 6 years, both of which come in a range of strengths.

The school understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The school will ensure that authorised staff are fully trained and aware of the NHS advice on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

The school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

The written consent of parents will be required in order to administer paracetamol to students.

To reduce the risk of students carrying medicines and avoid confusion over what can be administered, the school will keep its own stock of 500mg paracetamol tablets.

The school is aware of the NHS recommended dosages for secondary aged students as set out below:

- 10 to 11 years: 500mg - maximum four times in 24 hours.
- 12 to 15 years: 750mg – maximum four times in 24 hours.

The written consent of parents will be required in order to administer paracetamol to students. This form will be completed as part of the student admission process, updated annually and kept in the school office.

For students' health and safety, the school will only administer one tablet of 500mg, regardless of age, within the school day and will ensure staff adhere to the following protocols:

- The school will hold a supply of 500mg paracetamol securely in a locked medicine cabinet.

- Before giving paracetamol, affected students will be encouraged to get some fresh air, and have a drink or something to eat. Paracetamol will only be considered if these actions do not work.
- Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending school.
- Following consent, paracetamol may be administered by authorised members of staff in the event of a headache, toothache, period pain or any type of mild to moderate pain.
- Paracetamol will not be issued without prior written consent, and verbal consent from the parent on the day. If verbal consent cannot be obtained, then paracetamol will not be given.
- When a student is given medicine, the authorised member of staff will witness the student taking the paracetamol and make a record of it. This record will include:
 - Student's name.
 - The name of the medicine.
 - Dose given.
 - Date and time of administration.
 - Signature of the person administering.
- Only standard paracetamol will be given, not combination medicines which may contain other drugs.
- Students will only be given one 500mg dose of paracetamol during the school day; this will only be given to students after 12.30pm, or where a minimum of four hours has elapsed since the student arrived in school that day.
- If paracetamol does not alleviate symptoms, the student's parents will be contacted again.
- Paracetamol will not be given following a head injury, or where a student has taken paracetamol containing medicine within the last four hours.
- Students who frequently require paracetamol will be asked to provide their own tablets which will be kept securely labelled in the school office; parents will be contacted by the office staff in these circumstances.
- If a student has a minor injury whilst at school their condition will be triaged by a First Aider; whereupon appropriate pain relief may be given by an authorised member of staff (who may or may not be the first aider) following consultation and consent from parents.

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Fullhurst Community College maintains a separate Allergen and Anaphylaxis Policy which sets out the school's arrangements for identifying and supporting students with allergies, reducing the risk of exposure to allergens, managing anaphylaxis and the provision, storage and emergency use of adrenaline devices.

The Allergen and Anaphylaxis Policy will be implemented alongside this policy. Where a student has an allergy requiring individual arrangements, relevant information will be incorporated into their Individual Healthcare Plan (IHP), where an

IHP is required, together with any allergy action plan or other healthcare plan provided for the student.

Parents and carers are responsible for providing the school with up-to-date information about their child's known or suspected allergies, prescribed medication and any changes to their medical needs.

Staff will receive appropriate allergy awareness and anaphylaxis training in accordance with the Allergen and Anaphylaxis Policy. Emergency medication must be readily accessible and students who are competent to carry and manage their own prescribed medication will be supported to do so in accordance with their IHP and the relevant school policies.

All arrangements relating specifically to allergy safety - including recognition and management of allergic reactions and anaphylaxis; adrenaline devices and spare AAI; emergency administration of adrenaline; allergy and AAI registers; food allergen management and labelling; staff allergy and anaphylaxis training; trips and off-site activities; and the recording and review of allergic reactions, serious incidents and near misses - will be governed by the Allergen and Anaphylaxis Policy and current statutory guidance.

Nothing in this policy will prevent a member of staff from taking reasonable and proportionate emergency action to preserve life.

10. Record keeping

Written records will be kept of all medicines administered to students. Proper record keeping will protect both staff and students, and provide evidence that agreed procedures have been followed.

Records will also be maintained for serious incidents and near misses relating to medical conditions, including allergic reactions and medication errors. Such records will be reviewed to identify any necessary changes to procedures, training or risk controls.

11. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures. Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Students will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a student needs to be taken to hospital, a member of staff will remain with the student until their parents arrive. When transporting students with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

In a life-threatening emergency, any member of staff may take reasonable action to preserve life, including administering emergency medication where appropriate and seeking immediate assistance.

12. Day trips, residential visits and sporting activities

Students with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition to a risk assessment, advice will be sought from students, parents and relevant medical professionals. The school will arrange for adjustments to be made for all students to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

13. Unacceptable practice

The school will not:

- Assume that students with the same condition require the same treatment.
- Assume that older students do not require support related to their medical condition.
- Assume that a student does not have a medical condition merely because a formal diagnosis has not yet been made or investigations are ongoing.
- Unreasonably request further medical evidence where sufficient information has already been provided by parents, carers or healthcare professionals.
- Set lower attendance expectations or use a sustained part-time timetable for medical reasons without appropriate review, a clear reintegration plan and regard to the student's entitlement to education.
- Delay responding to a medical emergency or fail to call for assistance.
- Prevent students from easily accessing their inhalers and medication.
- Ignore the views of the student or their parents.
- Ignore medical evidence or opinion.
- Send students home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell student to the medical room or school office alone or with an unsuitable escort.
- Penalise students with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to students participating in school life, including school trips.

- Refuse to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

14. Liability and indemnity

The Governing Body will ensure that appropriate insurance is in place to cover staff providing support to students with medical conditions.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

The school will retain details of the relevant insurance provider and any conditions or requirements applicable to staff who administer medication or provide medical support.

15. Complaints

Parents or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and students are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

16. Home-to-school transport

Arranging home-to-school transport for students with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for students with life-threatening conditions.

17. Defibrillators

The school has an automated external defibrillator (AED). The AED will be stored in the medical room in an unlocked, alarmed cabinet.

All staff members and students will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using. Maintenance checks will be undertaken on AEDs on a weekly basis by the school nurse, who will also keep an up-to-date record of all checks and maintenance work.

18. Monitoring and review

This policy is reviewed annually by the Deputy Headteacher for Inclusion in consultation with the Executive Headteacher, Governing Board, the School Nurse and other relevant stakeholders to ensure it remains compliant with current legislation, statutory guidance and best practice. The policy will also be reviewed sooner where there are significant changes to legislation, guidance or school procedures. Any amendments will be communicated to all staff, parents, governors and other relevant stakeholders and published on the school website.

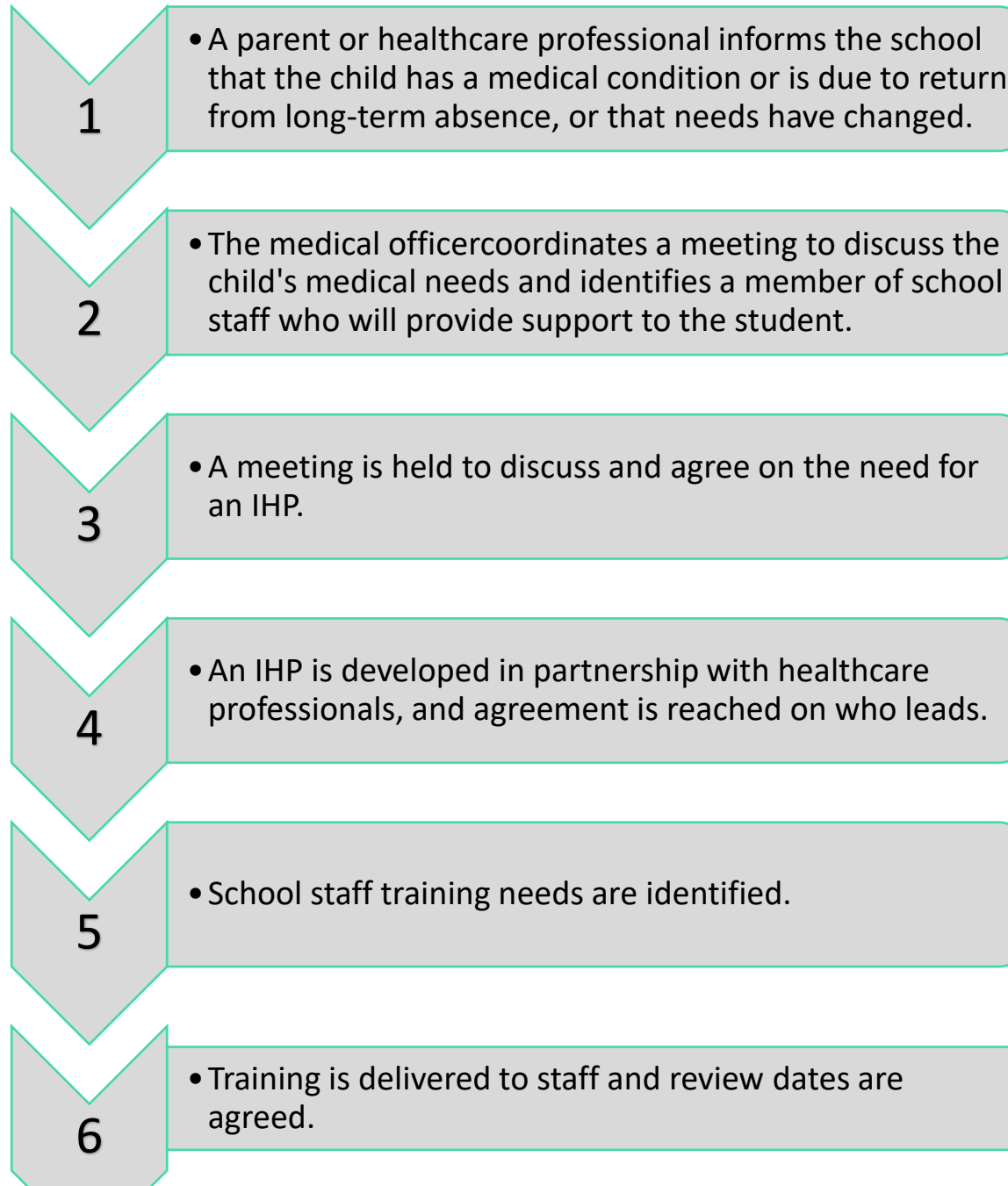
19. School Statement

We believe this policy:

- Has been reviewed by relevant policy responsibility holders.
- Flows and is easy to follow.
- Is an essential part of the school.
- Supports staff in managing certain situations.
- Forms an important framework that will ensure consistency in applying values and principles throughout the establishment.
- Provides guidance, consistency, accountability, efficiency, and clarity on how the school operates.
- Provides a roadmap for day-to-day operations.
- Ensures compliance with laws and regulations, gives guidance for decision-making, and streamlines internal processes.
- Is available to all relevant Stakeholders.

Individual Healthcare Plan Implementation Procedure

Appendix A



Individual Healthcare Plan – Appendix B



Individual Healthcare Plan (IHP)

For significant, complex or high-risk conditions, including allergy/anaphylaxis, seizures and other emergency needs

1. Pupil Details	
Name	
Photograph	
DOB / Year / Class	
Medical condition	
Plan coordinator	
Date issued	
Review date	
Parent/carer contacts	
GP / Consultant (if required)	
2. About the condition	
Brief description	
Known triggers/allergens	
Usual signs or symptoms	
Impact on learning, attendance, PE and wellbeing	
Restrictions advised by healthcare professionals	
3. Daily support in school	

What the pupil can do independently	
What staff need to do	
Reasonable adjustments (classroom, meals, PE, personal care, rest, attendance, clubs, exams)	
4. Medication	
Medication/device	
Dose	
When given	
Where kept	
Self-carry?	
Expiry checks / side effects	
5. Emergency Action Plan	
What is an emergency?	
Early signs	
Immediate actions (step-by-step)	
When to call 999	
Medication and location	
Who contacts parents / meets ambulance	
After the incident	
6. Condition-specific Information (complete if relevant)	
Allergy/Anaphylaxis: action plan attached, adrenaline device/location, food precautions, asthma	
Seizures: usual seizure, rescue medication, when to call 999, recovery care	
7. Trips, Clubs and Emergencies	

Educational visits	
Residentials	
Transport	
Evacuation / Lockdown	
8. Staff Information	
Named staff	
Training completed/required	
Who receives this plan	
9. Agreement	
Parent/carers	
Pupil (where appropriate)	
School	
Healthcare professional (if involved)	
10. Checklist	
Consent obtained	
Medication checked	
Staff informed/trained	
Emergency medication available	
Action plans attached	
Reviewed with parents	
11. Review Record	
Date Changes Shared with	

General Medical Care/Support Plan



For lower-level or straightforward medical needs managed through the school medical-conditions policy

1) Pupil Details	
Photograph	
Name:	
Class:	
2) Medical Condition:	
Review Date:	
3) What staff need to know	
Daily support required	
Known triggers / things to avoid	
4) Medication	
Medication (if required):	
Where it is kept:	
Can the pupil carry/self-administer?	

☐ Yes ☐ No	
5) Signs to watch for	
6) What to do	
7) Contacts	
Parent/Carer:	
Telephone:	



APPENDIX C

Parental Agreement for the School to Administer Medicine

Complete one form for each medicine or treatment requiring staff administration.

Please complete all sections. Medicines should be supplied in the original labelled container, in date, and in accordance with the Supporting Students with Medical Conditions Policy and the pupil's IHP where applicable.

1. Pupil details

Pupil name

Date of birth

Year / tutor group

**Medical condition / reason
for medicine**

2. Medicine / treatment details

Name of medicine

Form / strength

Dose to be given

Time(s) / frequency

Route / method

Start date

End date (if applicable)

Storage requirements

**Known side effects /
precautions**

**What to do if a dose is
missed / refused**

3. Administration arrangements

**Reason medicine is
needed during school
hours**

Can pupil self-administer? ☐ Yes ☐ No ☐ With supervision

Can pupil carry the medicine?

☐ Yes ☐ No ☐ As agreed in IHP / care plan

Special instructions

4. Parent / carer consent

I confirm that the information above is accurate and authorise appropriately trained school staff to administer the medicine/treatment as described. I will inform the school promptly of any change and will replace medicines before their expiry date.

Parent / carer name

Relationship to pupil

Signature

Date

Telephone number

School use

Medicine received by

Date / quantity received

Expiry date checked

Storage location

**Relevant plan /
instructions checked**



APPENDIX D

Record of Medicine Administered to an Individual Student

Use this record for repeated or ongoing administration to one pupil.

Pupil name

Year / tutor group

Medicine / strength

Prescribed / agreed dose

Storage location

**Parent / carer consent
dated**

Administration record

Date	Time	Dose / amount	Route	Staff name	Initials	Notes / refused / omitted
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Date	Time	Dose / amount	Route	Staff name	Initials	Notes / refused / omitted
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If a dose is refused, omitted, vomited or otherwise not given as planned, record this clearly and follow the pupil's plan / school procedure, including informing parents or seeking medical advice where required.



APPENDIX E

Record of All Medicine Administered to Students

Central log for medicines administered during the school day.

Administration log

Date	Time	Pupil	Year / form	Medicine	Dose	Staff / initials	Notes
------	------	-------	----------------	----------	------	---------------------	-------

Date	Time	Pupil	Year / form	Medicine	Dose	Staff / initials	Notes
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This log does not replace an individual medicine record where one is required. Records should be stored securely and handled in accordance with the school's data-protection and record-retention arrangements.



APPENDIX F

Contacting Emergency Services

Emergency call prompt - dial 999 and ask for an ambulance.

Stay with the pupil unless another member of staff has taken over. Follow the pupil's emergency plan where one exists. Give emergency medication without delay when indicated by the relevant plan/policy, then call 999 as required.

Information to give the call handler

1	Your name and callback number.
2	School: Fullhurst Community College.
3	Campus / site and full address:
4	Exact location of the pupil on site:
5	Pupil's name and age (if known).
6	What has happened and the pupil's current symptoms / condition.
7	Any emergency medication already given, including dose and time.
8	Best entrance / access point for the ambulance and who will meet the crew.

While waiting for the ambulance

- ☐ Follow the 999 call handler's instructions.
- ☐ Send a member of staff to meet the ambulance and guide the crew to the pupil.
- ☐ Bring the pupil's IHP / emergency plan and medication packaging if immediately available.
- ☐ Contact the parent / carer as soon as practicable; do not delay emergency treatment or the 999 call.
- ☐ Record the incident and any medicine administered once the immediate emergency has been managed.



APPENDIX G

Medical Incident / Near-Miss Reporting Form

For significant medical incidents, emergency treatment, medication errors and relevant near misses.

1. Pupil and incident details

Pupil name

Year / tutor group

Date of incident

Time

Location

Medical condition / IHP (if known)

2. What happened

Description of incident / near miss

Symptoms / observations

Known trigger / contributing factors

3. Action taken

Immediate action / first aid

Medicine given (name, dose, time)

999 called?

☐ Yes ☐ No Time: _____

Ambulance attended / hospital transfer?

☐ Yes ☐ No

Parent / carer contacted

Name: _____ Time: _____

Staff involved / witnesses

4. Follow-up and review

Outcome / pupil condition

Was the IHP / care plan followed?

☐ Yes ☐ No ☐ Not applicable

Any medication error / equipment issue?

Actions to reduce recurrence

IHP / risk assessment / policy review required?

☐ Yes ☐ No Details: _____

Reported / reviewed by

Date review completed

Serious incidents and near misses should be reviewed in line with the Supporting Students with Medical Conditions Policy and, where relevant, the Allergen and Anaphylaxis Policy and other school reporting procedures.



APPENDIX H

Model Letter - Individual Healthcare Plan (IHP)

Invitation to parents / carers to contribute to IHP development or review.

Date: _____

Dear Parent / Carer,

Re: Individual Healthcare Plan for _____

Thank you for providing information about your child's medical needs. We want to make sure that they can participate fully and safely in school life and that staff have clear, up-to-date information about the support they may require.

We would like to work with you, your child (where appropriate) and relevant healthcare professionals to develop or review an Individual Healthcare Plan (IHP). The IHP records the arrangements needed in school, including day-to-day support, medicines or treatment, reasonable adjustments and what staff should do in an emergency.

Please provide any current medical information, action plan or healthcare-professional advice that will help us prepare the plan. If your child has prescribed medication for school, please also ensure that the school has the required consent and that medication supplied is in date and appropriately labelled.

Proposed meeting / review

Date

Time

Location / online link

School contact

Please indicate below whether you can attend, or contact us if another arrangement would be more suitable.

☐ I can attend ☐ I cannot attend - please contact me ☐ I would prefer to contribute in writing / by telephone

If you are unable to attend, you may return the IHP information requested by the school so that your views can still be included. We will share the completed plan with you and review it at least annually, or earlier if your child's needs change.

Yours sincerely,

Name: _____ Role: _____

Contact: _____