



**‘Building Resilience for Future Success’**

## **Supporting Learners with Medical Conditions Policy**

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|------------------------------------------------|-------------------------|
| <b>Date Policy Ratified</b>                    | September 2026          |
| <b>Date for Review</b>                         | September 2027          |
| <b>People Involved in writing this policy</b>  | Carli Willis            |
| <b>Consultation Process (<i>if needed</i>)</b> | Trained staff consulted |

### **1. Context**

Ancora House School provides education to learners who cannot attend school because of a medical condition; in addition to this, we support learners who are Children Looked After.

Many of our learners have an Education Health and Care Plan.

Whilst most learners’ needs are social, emotional and mental health based, some will also present with physical medical conditions or poor physical condition due to their mental health problems.

This policy applies in part to our in-patient setting but the policy in its entirety applies to our community setting.

### **2. Aims**

At Ancora House School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support learners with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that learners, staff and parents/carers understand how our school will support young people with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to learners with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school

- Reassure parents/carers that the school will help their child feel safe, supported and included

### **3. Legislation and statutory responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting learners at their school with medical conditions.

It is also based on the statutory guidance on [supporting pupils with medical conditions at school](#) from the Department for Education (DfE).

## **4. Roles and Responsibilities**

### **4.1 The governing body**

The governing board has ultimate responsibility for making arrangements to support learners with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a learner has a medical condition
- Monitor practice, and staff training, in regards to learner with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to Amanda Lacey, Headteacher.

### **4.2 The Headteacher**

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support learners in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about learners medical needs

- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for learners with medical conditions
- Contact the school nursing service in the case of any learner who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **4.3 Staff**

Supporting learners with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to learners with medical conditions, although they will not be required to do so. This includes the administration of medicines.

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

Teachers will take into account the needs of learners with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a learner with a medical condition needs help.

### **4.4 Parents/carers**

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

### **4.5 Young People at Ancora House School**

Young people with medical conditions will often be best placed to provide information about how their condition affects them. Young people should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

## **4.6 School nurses and other healthcare professionals**

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

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any learners identified as having a medical condition. They may also provide advice on developing IHPs.

## **5. Equal Opportunities**

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any young people. Our school is clear about the need to actively support young people with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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

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

## **6. Being notified that a child has a medical condition**

When the school is notified that a learner has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the young person requires an IHP.

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

- For new starters, we will provide a form to all parent/carers of young people as part of the home school agreement pack during the visit to confirm any medicine(s) their child needs. Where a young person has any changes to their medical information, this is communicated in the four weekly Education Access Team medical reviews.
- We will send a new form out to parents each year as part of the updated home/school agreement to ensure that all medications are accurately recorded.

We ask that parents/carers proactively inform us by either phone call to the school 01244 506 670 or an email to [admin@ancora.cheshire.sch.uk](mailto:admin@ancora.cheshire.sch.uk) if their child's medical needs change between meetings.

## 7. Individual healthcare plans (IHP)

The headteacher has overall responsibility for the development of IHPs for learners with medical conditions. Most IHP's will be provided by the home school in the first instance.

The day-to-day responsibility has been delegated to Carli Willis, Deputy Headteacher.

Plans will be reviewed at least annually, or earlier if there is evidence that the learner's needs have changed.

Plans will be developed with the learner's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all young people with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, home school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the young people's specific needs. The young people will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a young people has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The management committee and deputy headteacher consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The young people's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues.
- Specific support for the young people's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, well-being sessions
- The level of support needed, including in emergencies. If a young person is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the young people's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the learner's condition and the support required

- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the learner can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or young person, the designated individuals to be entrusted with information about the young people's condition
- What to do in an emergency, including who to contact and contingency arrangements

## **8. Managing medicines**

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

- When it would be detrimental to the young person's health or school attendance not to do so
- Where we have parents/carers' written consent

The people who are able to administer medication have been specifically trained in Managing Medications in Schools.

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered. The only exception to this is where the medicine has been prescribed to the young person without the knowledge of the parents/carers.

### **8.1 Non- prescription medication**

Ancora House School, Castle Park have a stock of paracetamol in school. Young people under 16 will not be given medicine containing aspirin or ibuprofen unless prescribed by a doctor. No young person should have medication on their person unless stated in an Individual Health Plan (IHP).

If a young person requests a pain killer the following protocol will be followed:

- A phone call will be made to parents/carers to gain permission and ascertain the last time a pain killer was administered.
- If parents/carers cannot be reached, a pain killer will not be administered until after the child has been on site for 4 hours and there is a record of written provision, or, if sooner, an email or phone call is received giving permission.
- Only one paracetamol will be administered.
- If parents/carers deem specific non-prescription medication necessary each day, they will need to drop this off at school in the original box, labelled with the child's name, date and required dosage. Parents/carers will also need to provide written permission for this. This also covers cough sweets, sun cream and throat spray.

## **8.2 Prescription medication**

Our school will only accept prescribed medicines for pre-16 learner that are:

- In-date
- Labelled with the original pharmacy label
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- Brought to school by the parent/carer, not by the young person.

For post-16 young people, our school will accept prescription medications being brought into school by the young person under the following conditions:

- The parent/carer is unable to deliver the medication themselves.
- An email is sent to school by the parent/carer stating what the prescription medication is and how much the young person is bringing into school.
- The parent/carer agrees in the email that their child is able to bring in the medication and there are no concerns regarding this.
- The parent/carer agrees that they are responsible for the medication until the child hands it in.
- The school will email the parent/carer once they have the medication.
- If the child does not hand in the medication and the school does not email the parent/carer, it is the parent/carers responsibility to remove the medication from their child.
- The medication must still be labelled by the pharmacist and in the original packaging with instructions for administration, dosage and storage, as well as being in date.
- The school will email parent/carers at the end of the week to let them know how much of the medication is being returned. Parent/carer will need to confirm the return. It is the responsibility of the parent/carer to ensure they recover the medication from their child.

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

All medicines will be stored safely. Young people will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to young persons and not locked away.

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

## **8.3 Controlled drugs**

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

All controlled drugs must be passed to the school by parents/carers for pre 16 and post 16 young people. They will be kept in a secure cupboard in the school office and only named staff have access.

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

Our school will only accept controlled drugs for all young people at Ancora House School that are:

- In-date
- Labelled with the original pharmacy label
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- Brought to school by the parent/carer, not by the young person.

#### **8.4 Young people managing their own needs**

Due to the nature of Ancora House School and the SEMH needs of the young people, learners cannot carry any medication to manage their own needs unless it is deemed absolutely necessary by the medical professional involved in the Individual Health Plan (IHP), such as an Epi-Pen.

If a member of staff becomes aware that a learner is carrying medication, staff will request it is handed in and a parent/carer will need to collect it.

#### **8.5 Unacceptable practice**

Although school staff will use their discretion and judge each case on its merits with reference to the learners IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent learners from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every young person with the same condition requires the same treatment
- Ignore the views of the young person or their parents/carers
- Ignore medical evidence or opinion
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- Prevent learners from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

### **9. Emergency procedures**

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

If a young person needs to be taken to hospital, staff will stay with the young person until the parent/carer arrives, or accompany the young person to hospital by ambulance if necessary. If a young person is 16 and over and the parent/carer is meeting the young person at the hospital, and they are lucid and able to consent, the young person can travel unaccompanied in the taxi. A member of staff will not take a young person to hospital in their car.

## **10. Training**

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

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

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

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the learners
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

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

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **11. Record keeping**

The governing board will ensure that written records are kept of all medicine administered to learners for as long as these young people are at the school. Parents/carers will be informed if their child has been unwell at school.

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

## **12. Liability and indemnity**

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

Some examples of the treatments that would be covered under our policies are: use of EpiPens, use of defibrillators, injections, dispensing prescribed and non-prescribed medicines, application of appliances such as splints etc, oral and topical medication. Cover under our Public Liability policies applies to both employees and volunteers and these individuals have received appropriate training and to follow any directions given by a medical professional.

## **13. Complaints**

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with Headteacher or Deputy Headteacher in the first

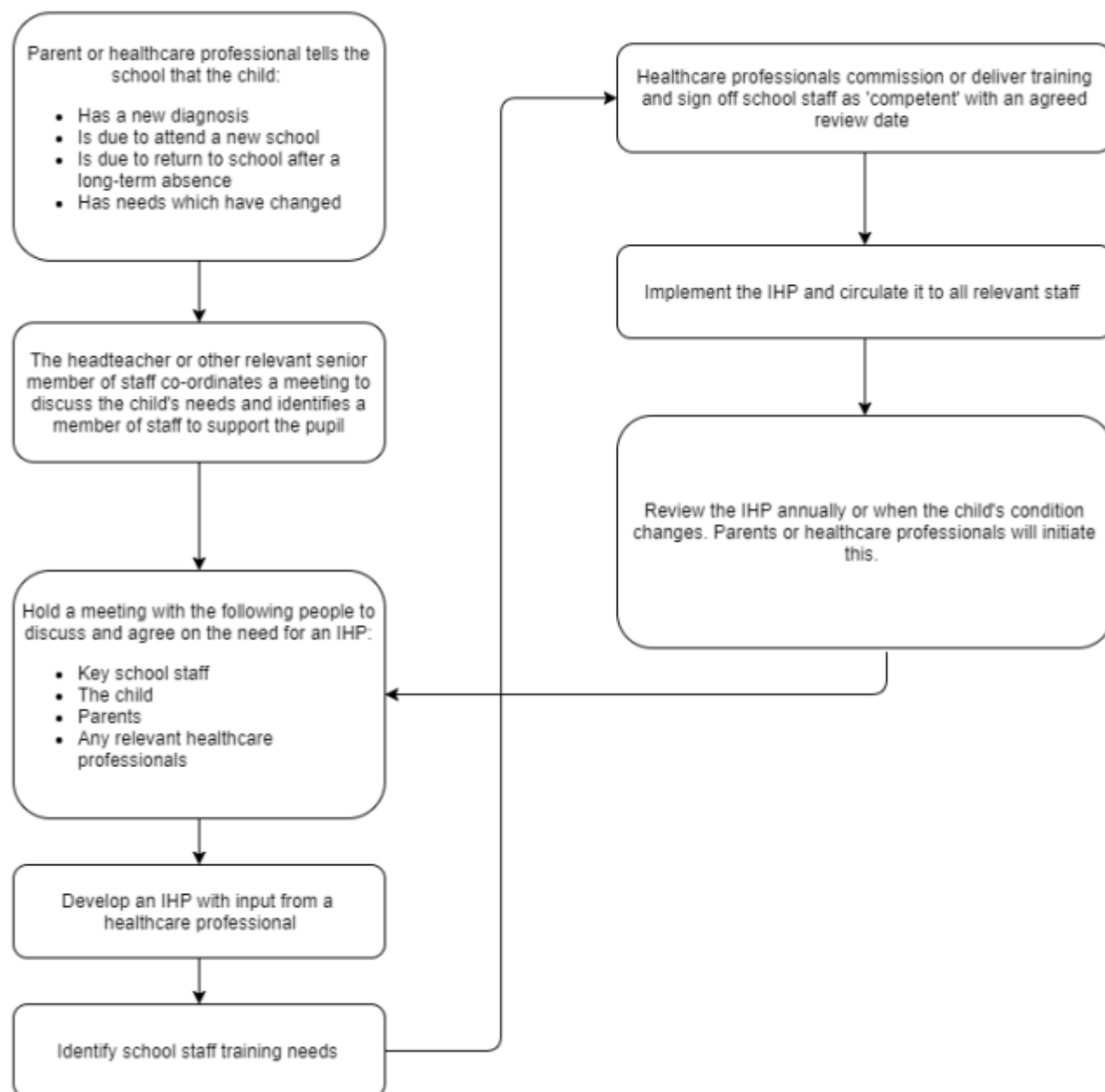
instance. If the Headteacher or Deputy Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

#### **14. Links to other policies**

This policy links to the following policies:

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

## Appendix 1: Being notified a child has a medical condition



## **Appendix 2 - Asthma awareness for school staff**

**ALERT!**

### **Asthma awareness for school staff**

#### **What to do in an asthma attack**

- Keep calm.
- Encourage the child or young person to sit up and slightly forward.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Contact reception and ask for a first aider to come to the learner.

If there is no immediate improvement

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.
- Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.
- It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.
- After a minor asthma attack

Minor attacks should not interrupt the involvement of a learner with asthma in school. When the learner feels better they can return to school activities.

The parents/carers must always be told if their child has had an asthma attack.

**Important things to remember in an asthma attack**

- Never leave a learner having an asthma attack.
- If the learner does not have their inhaler and/or spacer with them, send another staff member to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a learner overdosing.
- Send another teacher/adult if an ambulance needs to be called.
- Contact the learner's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a learner taken to hospital by ambulance and stay with them until their parent or carer arrives.

## **Appendix 3 – Epilepsy awareness for school staff**

### **Complex partial seizures**

- Common symptoms
- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

Ring reception and ask for a first aider to come to the learner

Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

### **Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

### **Don't...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed
- Tonic-clonic seizures
- Common symptoms:
  - the person goes stiff,
  - loss of consciousness
  - falls to the floor

### **Do...**

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery

- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

#### **Don't...**

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

## **Appendix 4 – Anaphylaxis awareness for staff**

### **Symptoms of allergic reactions**

#### **Ear/Nose/Throat - Symptoms:**

- runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip,
- loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

#### **Eye - Symptoms:**

- watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

#### **Airway - Symptoms:**

- wheezy breathing, difficulty in breathing and or coughing (especially at night time).
- Digestion:
- swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

#### **Skin:**

- Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.
- Eczema -cracked, dry, weepy or broken skin. Red cheeks.
- Angiodema - painful swelling of the deep layers of the skin.

### **Symptoms of Severe Reaction/ Anaphylaxis:**

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

### **TREATMENT**

- Contact reception and ask for first aider to come to learner
- Send a member of staff to school office to collect 2nd epipen and to ask them to ring for an ambulance and parents.

- If learner conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.
- If learner is conscious and alert ask them to self administer their epipen. If learner unconscious, trained member of staff to administer epipen as per training. Record time of giving.
- If no improvement within 5 minutes then 2nd epipen to be administered.
- Keep used epipens and give to paramedics when they arrive.

## **Appendix 5 – Diabetes awareness and treatment for staff**

What is it?

- Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.
- There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).
- Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

### **Signs and symptoms:**

Hypoglycaemia:

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

Hyperglycaemia:

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

### **First aid aims**

Hypoglycaemia:

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

### **Treatment**

Hypoglycaemia:

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

Hyperglycaemia:

### **First Aid Aims**

- Get casualty to hospital as soon as possible

Hyperglycaemia:

**Call 999 immediately**

Further actions

- If the casualty loses consciousness
- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation