

# Supporting Students with Medical Needs Policy



William Hulme's Grammar School  
The best in everyone™  
Part of United Learning

(and Individual Health Care Plans (IHCPs))

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## Introduction and Aims

At William Hulme’s Grammar School (WHGS), we want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits; residential and extended school activities, such that they remain healthy and achieve their academic potential.

## Roles and Responsibilities of Key Staff

The school has a clearly defined leadership and management structure to ensure that all pupils with medical needs/conditions receive appropriate care, guidance and support so that they can fully integrate as far as possible into “normal school life”.

The Principal has delegated this responsibility in line with the DfE guidance to a member of the School’s Senior Leadership Team: the school have built a team around supporting pupils with medical needs.

### The Team around Supporting Pupils with Medical Needs:

- Mr Akeim Mundell, Assistant Principal is responsible for the leadership and management of this area of work. Mr Khalique will work closely with the Health Advisory Service and other health care professionals to ensure that all staff involved in this area of work receive regular training and professional development, and that staff at the school are made fully aware of pupils with medical needs.
- Mrs Catherine Krondiras is the school lead for pupils with medical needs and developing Individual Health Care Plans and Emergency Medical Protocols. Mrs Krondiras regularly attends external training sessions to provide the best support for pupils and colleagues in school.
- Mrs Krondiras is the designated school lead for maintaining and updating the school’s medical register and keeping staff informed of pupils on the register.
- Reception staff (Primary Phase) and Mrs Krondiras (Secondary Phase) are responsible for the secure storage of medicines and ensuring that parent/carer consent has been received for the administration of medication on school premises during the school day (Appendix 2).
- The school has and will continue to work closely with all health care professionals to ensure all members of the team are suitably skilled, supported and confident in carrying out their duties.

## Roles and Responsibilities of Parents and Carers

- It is the parent’s/carer’s responsibility to keep a child at home when acutely unwell.
- It is the parent’s/carer’s responsibility to inform the school **of any ongoing medical condition or if a medical condition develops**. This should be done in writing to Mrs Cath Krondiras, Director of Health and Safety, who will pass the information to designated staff to update the school’s medical register and, if necessary, arrange a meeting to produce an Individual Health Care Plan.

## 1. Supporting Pupils with Medical Needs and Individual Health Care Plans (IHCP)

- Medication should only be brought into school if it is vital that it should be taken during school hours. Where possible, arrangements should be made to take medication out of school hours. Parents/Carers should discuss this matter with the prescribing doctor or dentist.
- It is the parent's/carer's responsibility to inform the school of any ongoing medical condition and to update the school of any changes to the condition and/or treatment. This should be done in writing to Mrs Cath Krondiras, Director of Health and Safety and, where appropriate, the IHCP will be amended.
- Where the medical condition requires ongoing medication, regular hospital visits or may require emergency treatment, an Individual Health Care Plan (IHCP) will be agreed between the parent/carer and the school. This may also require input from the GP and School Health Advisor as appropriate.
- It is the parent's/carer's responsibility to ensure any medication held in school is kept up-to-date and is disposed of when past its expiry date.

## 2. Supporting Pupils with Significant Medical Conditions – Protocols

### Asthma

- The school has 10 asthma kits, in line with DfE guidance. These kits will be kept in safe storage in both the Primary and Secondary Phases of the school. A further asthma kit will be kept in the PE office for emergency use only. Additional asthma kits will be kept in safe storage in the main reception of the school for trips and activities.
- Should a pupil with a diagnosis of asthma and written parental consent to use the school inhaler in an emergency attend a day or residential trip, it is the trip leader's responsibility to ensure a spare asthma kit is taken on the trip and there is a member of staff - with appropriate training - to administer the emergency inhaler on the visit, if required. This protocol also applies to sporting activities and fixtures. Staff are expected to sign-out and sign-in the asthma kits for such activities.
- Staff administering the use of the school's inhaler will make a record of the use of the emergency inhaler on the Administration of Medicines Consent Form – this form will be placed on the pupil's school file and parents/carers will be informed by the member of staff administering the inhaler.
- The school has key staff responsible for ensuring the protocol is followed – Primary Phase and Secondary Phase (Mrs Krondiras) and asthma kits are regularly checked and updated.
- See Appendix (8) Guidance on supporting pupils having a “Severe Asthma Attack”.

### Allergies

- Parents need to be confident in schools' ability to keep their children safe and be reassured that staff are sufficiently trained to act immediately in the event of an allergic reaction. Regular communication with parents is vital.
- All pupils at risk of anaphylaxis, should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The BSACI Allergy

Action Plans include this information and are recommended for this purpose. The plan should include First Aid procedures for the administering of adrenaline. These should be provided by parents in conjunction with the Allergy Clinic and shared with staff.

- Parents should supply school with an AAI if required for the pupil. The parent should ensure this is replaced before the expiry date. Ideally school should be supplied with 2 AAIs. In Secondary/6th Form students are encouraged to keep a AAI with them and one in First Aid. In Primary these will be kept in Reception. They should be stored in a safe but not locked place, labelled correctly.
- Staff taking students on school trips and visits should ensure all emergency medication is taken on the trip and placed in the care of staff. A copy of the Allergy Plan should also accompany the medication.
- The Food Information Regulations 2014 requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat. The catering provider should be made aware by the school of any allergies. This will be done by Cath Krondiras (Secondary/6th Form) and Sarah Caldwell, Office Manager (Primary)

## Diabetes

- Students should provide their own diabetic supplies and a hypo box should be kept in school containing fast acting glucose and long-acting carbohydrate. Staff, and pupil should be aware of where this is kept, and it should be taken with them around the school premises; if leaving the school site; or in the event of a school emergency.

Staff should differentiate between the ages of students to determine the need of support with the medical condition. Those staff that are responsible for supporting students' medical needs have been trained with the needs of the child in mind and have the relevant qualification.

Training should be sufficient to ensure that staff are competent and have confidence in their ability 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.

Staff must not undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions in cases where specialist training is needed.

## 3. Managing Medicines on School Premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so and these must be provided by parents/carers.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hour.
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately with support from staff. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips.
- 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 the prescriber'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.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## 4. Self-Management of Medication

- It is good practice for Secondary/6<sup>th</sup> Form pupils to manage their own medication and, where this has been agreed through an IHCP, the pupil will be supervised whilst doing so.
- Medication must not, for the safety of other pupils, be carried around by the pupil except where a pupil has been prescribed. All other medication will be kept in a secure storage in the main First Aid base in both the Primary and Secondary Phases, and an Asthma Kit for emergency use only will be kept in the PE office.
- AAls (Epipens, Jext etc) are kept in secure but unlocked storage clearly labelled and accessible in an emergency. Pupils and all staff should be made aware of the location of these.

## 5. School Trips and Visits

- It is the parent's/carer's responsibility to complete in detail the medical section of the Parent/Carer Consent Form (PCF), issued by the school prior to a day/residential visit, and ensure emergency contact details are accurate. Staff should always cross-reference a PCF with the school's register of pupils with medical needs and IHCP.
- A copy of the pupil's IHCP should accompany the visit and parents should ensure staff are fully aware of any specific problems that may be encountered on the visit.
- All staff accompanying the visit should be aware of the pupils with medical needs and IHCPs.
- The EVC is responsible for ensuring trip leaders have accessed the school records on pupils with medical needs and IHCP and made all reasonable adjustments, and where appropriate produced an Individual Risk Assessment, for pupils with medical needs and/or IHCP on trips.
- If staff have any further concerns regarding a pupil's safety or the safety of other pupils, they should seek advice from the designated school lead, parents/carers, school health advisor or the child's GP.

## 6. Sporting Activities

- Pupils who are prescribed blue inhalers for the relief of asthma should be allowed immediate access to their medication if necessary. In an emergency the school's salbutamol inhaler, where written parental consent has been received, can be used if the child's inhaler is not in school or unusable. The PE Department has a list of pupils who this applies to, and an

emergency supply of salbutamol will be kept in safe storage in the main reception in both the Primary/Secondary Phases of the school and a spare asthma kit will be kept in the PE Office.

- The Subject Leader for PE should ensure staff supervising sporting activities are made aware of relevant medical conditions and emergency procedures for pupils. All PE staff should be aware of pupils with IHCP and any accompanying Emergency Medical Protocols.

## 7. Information about Pupils' Medical Needs

- A copy of IHCPs agreed between parent/carer, health care professionals and school will be kept in reception and on the pupil's file.
- A list of pupils with IHCPs will be logged on class learning profiles, so that teachers covering for colleagues and supply staff can be kept informed and make reasonable adjustments to support pupils achieving their potential in every lesson.
- Copies of the IHCP will be shared and available to staff, with the consent of the parents/carers. Every attempt will be made to ensure other staff, such as supply staff, teaching assistants and support staff are also made aware.

## 8. School's Insurance Liability Statement

- In terms of school insurance, our policy covers the school and staff for the administration of medicines.
- The school policy for complaints is located on the school website in the section on Information to parents.

## Policy Information and Review

<b>Designated Lead Person/s</b>	Mr A Mundell, Assistant Principal and Mrs C Krondiras, Director of Health & Safety/Medical Needs
<b>Reviewed</b>	Annually
<b>Date of last review and by whom</b>	September 2024, Mrs C Krondiras and Mr A Mundell
<b>Nominated Governor</b>	
<b>Ratification by Local Governing Body</b>	30/09/2024
<b>Next Review Date</b>	September 2025



## Letter - Identifying Pupils with Medical Needs

Dear Parent/Carer

Our aim is to ensure that all pupils with medical needs receive appropriate care and support at school in order to integrate as far as possible into “normal school life”.

The school collected information through the General Health Form you completed when your child / ward joined William Hulme’s Grammar School. If your child / ward has since developed a medical condition which was not listed on this form and requires ongoing medication, regular hospital visits or may require emergency treatment you will need to write to me and I will pass this information to designated staff to update the school’s medical register. If necessary, I will arrange a meeting to produce an Individual Health Care Plan (IHCP) through the school lead Mrs Krondiras.

In addition, it is the responsibility of the person/s who have parental responsibility to ensure any medication kept in school is up-to-date. Therefore, should your child/ward need to take any medication in school as prescribed by your GP or other Health Care Professionals, such as an inhaler or EPIPEN can you ensure this is handed-in at reception on or before ..... September; the medication, frequency and dosage should be clearly labelled on the item/s by the health care professional who has prescribed the medication. The school will keep the medication in secure storage.

Should you wish to discuss this matter further please do not hesitate to contact me at the school.

Yours sincerely

Akeim Mundell  
Assistant Principal

## Administration of Medicines and Treatment Consent Form

Please note that the school will NOT give your child medicine unless you complete and sign this form.

<b>Name of School</b>			
<b>Name of Child</b>			
<b>Date of Birth</b>			
<b>Address of Child</b>			
<b>Parents' Home Tel No.</b>			
<b>Parents' Mobile Tel No.</b>			
<b>Name of GP</b>		<b>Tel No. of GP</b>	
<b>Address of GP</b>			

Please tick the appropriate box(es):

- My child will be responsible for the self-administration of medicines as directed below
- I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of emergency, as staff may consider necessary
- I recognise that school staff are not medically trained
- I agree that it is my responsibility to ensure the school has up to date medical information and in date medication.


<b>Name of Medicine</b>	<b>Required Dose</b>	<b>Frequency</b>	<b>Course Finish Date</b>	<b>Medicine Expiry</b>
<b>Special Instructions</b> (ie. storage requirements)				

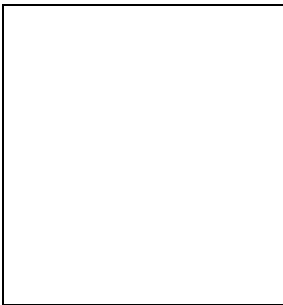
<b>Allergies/Side effects that school should be aware of</b>	
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<b>Other Prescribed Medicines</b>			
<b>Signature of Parent/Carer</b>		<b>Date</b>	





## Individual Health Care Plan



Date: dd/mm/yyyy

**Pupil Profile:**

My name is

**Condition** *Text*

**Symptoms of minor reaction:** *Text*

**Symptoms of severe reaction:** *Text*

**Please contact First Aid immediately or take (INSERT NAME) there if he shows any of the above symptoms**

**Most Recent Medical Advice Received:**

**What's available to help me at WHGS with my Daily Care Requirements:**

I can

## Emergency Healthcare Protocol for **(Insert Name)**

**(Insert Name)** suffers from severe allergies to some foods (please see IHCP).

The emergency protocol has been discussed with parents. Signed permission has been obtained for this protocol to be followed during the school day in the event of an emergency. The protocol is to be reviewed yearly (or sooner if needs change) in consultation with parents/carers.

Information	Action	Why
<b>Mild – Symptoms include:</b>		
<b>Moderate – Symptoms include:</b>		
<b>Severe – Symptoms include:</b>		

**Date:**.....

**Review Date:** .....

**Parent/Carer Sign:**.....

**School Sign:**.....

**Pupil Sign:** .....

# Letter – GP and Health Care Professionals input into Individual Health Care Plans

Dear (Dr **Insert Name**)

As of September 2014, schools have had a statutory obligation to support pupils with medicals needs to ensure they receive appropriate care and support in schools. The extract below is taken from the DFE guidance to schools when constructing Individual Health Care Plans (IHCP) for **a child who requires ongoing medication, regular hospital visits or may require emergency treatment.**

### DFE Guidance Supporting Pupils with Medical Needs:

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

We have worked with parents and the School Health Advisor on constructing the attached IHCP for (**Insert Name**). We have parental consent to share (**Insert Name**) IHCP with you for your input. I would be most grateful if you would take a few moments to look at the IHCP produced by the school. If you feel there are any additional reasonable adjustments the school could make in supporting (**Insert Name**) would you kindly contact me or Mrs Catherine Krondiras, Medical Needs Manager.

You can contact us by telephone or e-mail: all details are listed below.

- **Mr Akeim Mundell** – Assistant Principal  
**Telephone:** 0161 226 2054  
**Email:** [Akeim.Mundell@whgs-academy.org](mailto:Akeim.Mundell@whgs-academy.org)
  
- **Mrs Catherine Krondiras** – Director of Health and Safety  
**Telephone:** 0161 226 2054  
**Email:** [Catherine.Krondiras@whgs-academy.org](mailto:Catherine.Krondiras@whgs-academy.org)

We look forward to hearing from you soon.

Yours sincerely

Akeim Mundell  
Assistant Principal

# Letter – Asthma and Consent Form for Use of School Inhaler in an Emergency

Dear Parent/Carer

From October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

Your child is listed on the school's Medical Register as having diagnoses of asthma. In the event of your child displaying symptoms of asthma/having an attack, and if their inhaler is not available or is unusable, the school has the discretionary power under the new legislation, with written parental consent, for your child to receive salbutamol from an emergency inhaler held by the school for emergencies. This could then be used if they show signs of the following symptoms of an asthma attack:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

Please complete the enclosed consent form and return it to the school Reception by ..... (date).

If you wish to discuss any of the information enclosed please do not hesitate to contact me.

Yours sincerely

Akeim Mundell  
Assistant Principal

# Consent Form for Use of School Inhaler in an Emergency



By returning this reply slip you are giving written consent that in an emergency as outlined in the enclosed letter the school has your permission to administer the salbutamol inhaler to your child who has a diagnosis of Asthma.

**Signed:** ..... **Date:** .....

**Parent Name (print):** .....

**Child's Name:** .....

**Year/Form:** .....

**Parent's Address and Contact Details:** .....

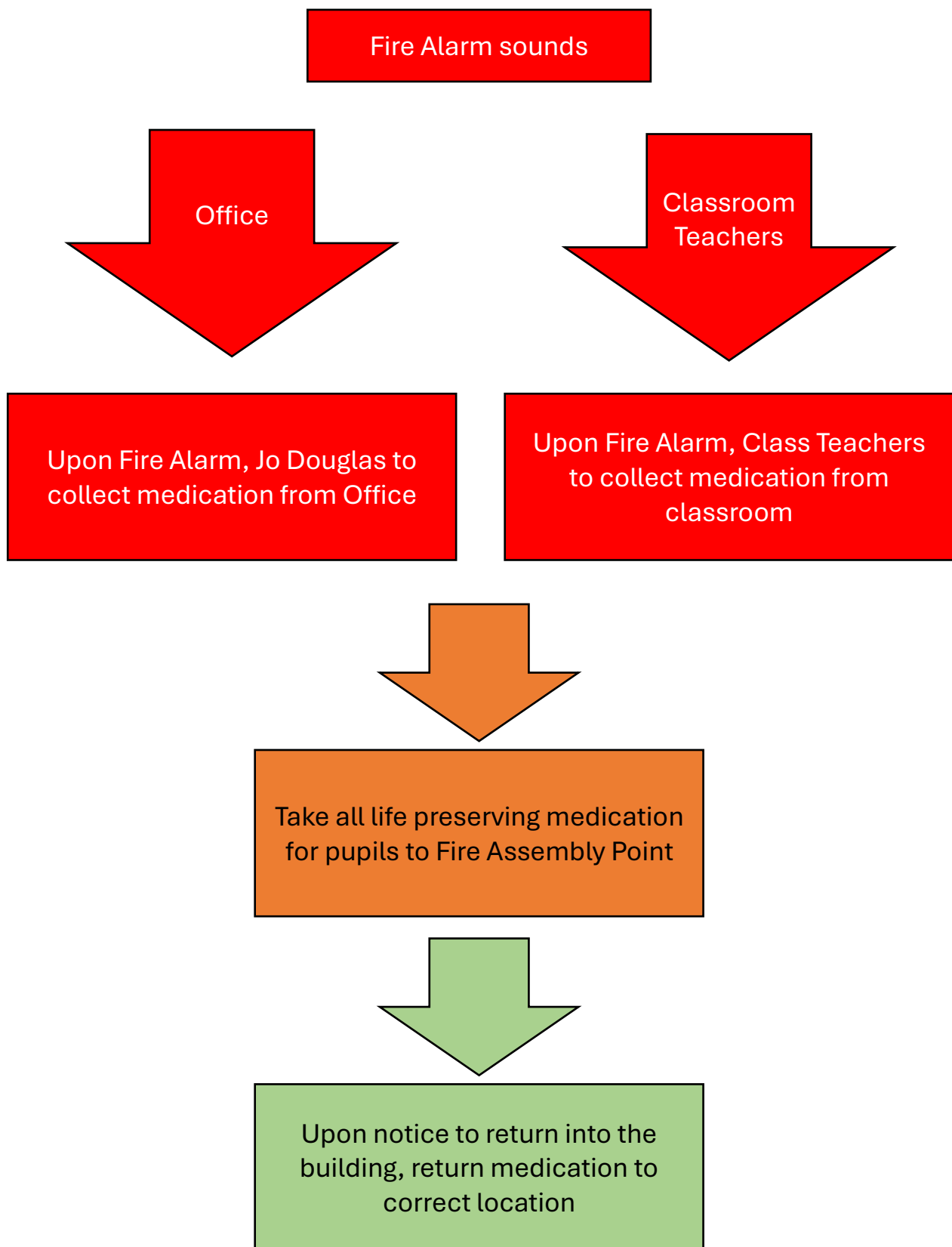
**Telephone No(s):** .....

**Email:** .....

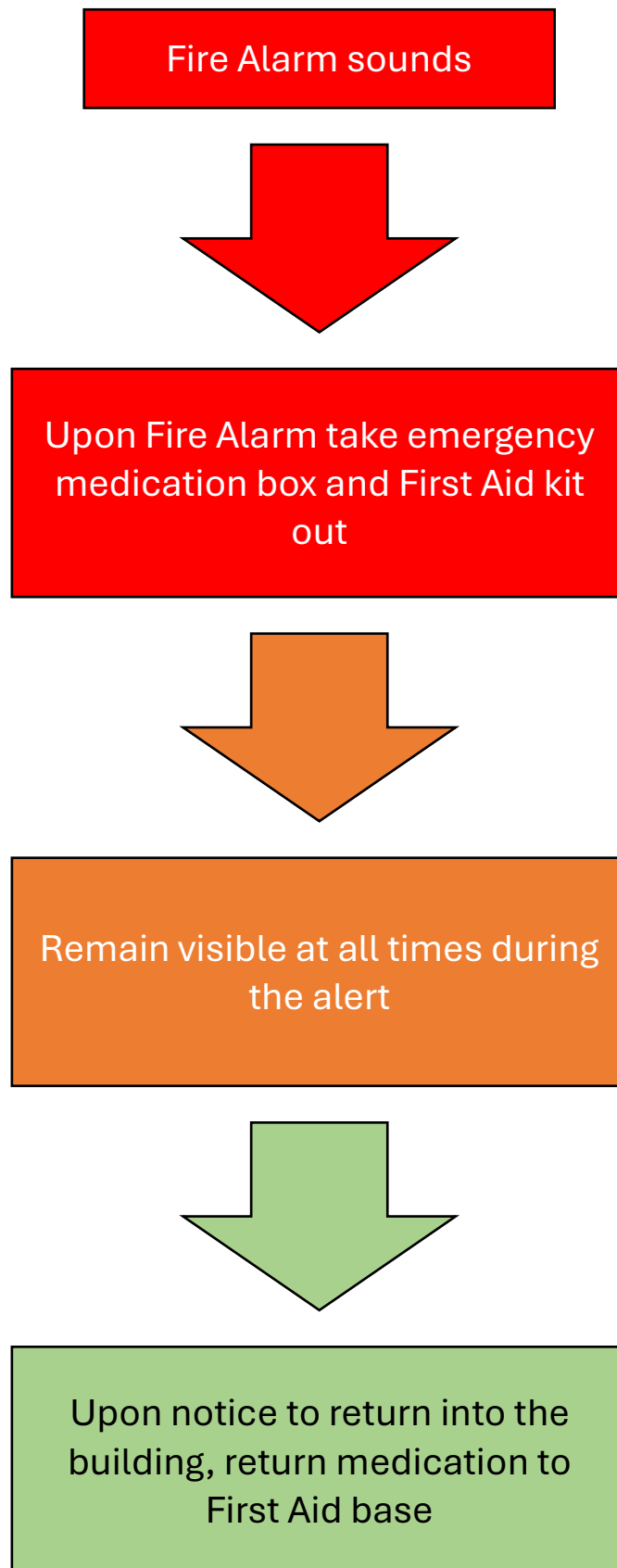
Please return the consent form to **Reception for all Primary Pupils** by ..... (Date)

Please return the consent form to **Mrs Krondiras for all Secondary Pupils** at the main reception by ..... (Date)

## Emergency Evacuation of Life Preserving Medication (Primary)



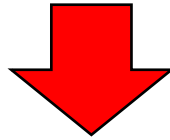
## Emergency Evacuation of Life Preserving Medication (Secondary)





## Guidance - Severe Asthma Attack

Student presents as wheezy, breathless, tight-chested or coughing continuously



Give blue inhaler immediately – usually normal dose of 2-4 puffs  
Sit the student down, loosen any tight clothing and stay with them to offer reassurance



**YES**  
Resume normal activities  
May need blue inhaler every 4 hours  
Complete administration of medicines form  
Inform parents/carers

**NO**  
Repeat does of blue inhaler and stay with student



**NO**  
Call an Ambulance and remember to give the following information:  
**State the Student is having Asthma Attack**  
(age, symptoms, response to inhaler/ medication given)