



BEACONSFIELD HIGH SCHOOL
A remarkable grammar school

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

Date last reviewed:	September 2023
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For review by:	FGB



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1. Aims

This policy aims to ensure that:

- Students, staff and parents/carers understand how our school will support students with medical conditions.
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of students' conditions, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant students.
- Developing and monitoring individual healthcare plans (IHPs).

The person with responsibility for implementing this policy is the Deputy Head – Pastoral.

2. 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 pupils at their school with medical conditions.

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

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1. The Governing Board

The governing board has ultimate responsibility to make arrangements to support students with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2. The Headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure 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
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Contact the school nursing service in the case of any student 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3. Staff

Supporting students 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 students 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 students 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 students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4. Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- 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.

3.5. Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students 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.

3.6. School Nurses and Other Healthcare Professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student 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 the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal Opportunities

Our school is clear about the need to actively support students 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 students 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 students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being Notified That A Child Has A Medical Condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student 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 students who are new to our school.

See Appendix 1.

6. Individual Healthcare Plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the Deputy Head - Pastoral.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed. Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done.
- When.
- By whom.

Not all students 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, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has 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 governing board, Headteacher, Deputy Head Pastoral and the Student Welfare Team, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The student'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, e.g. crowded corridors, travel time between lessons.
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a student 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 student'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 student'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, or self-administered by the student during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/carer/student, the designated individuals to be entrusted with information about the student's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing Medicines

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

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

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents/carers.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

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

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. Students 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 students and not locked away.

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

7.1. 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.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are 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.

7.2. Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every student with the same condition requires the same treatment.
- Ignore the views of the students or their parents/carers.
- Ignore medical evidence or opinion (although this may be challenged).
- 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.

- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs (unless there is a safeguarding reason to do so).
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child (unless there is a safeguarding requirement to do so).
- Administer, or ask students to administer, medicine in school toilets.

8. Emergency Procedures

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

If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the student to hospital by ambulance.

9. Training

Staff who are responsible for supporting students 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 students 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 Head Pastoral. 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 students.
- Fulfil the requirements in the IHPs.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal 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 they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record Keeping

The governing board will ensure that written records are kept of all medicine administered to students for as long as these students 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 which all staff are aware of.

11. 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.

As per the conditions of the Risk Protection Arrangement, we will adhere to the statutory guidance on supporting students at school with medical conditions. This covers the provision of medication (prescribed) by our staff. We do not carry out medical procedures.

Our membership number is: 140893

We are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Deputy Head Pastoral in the first instance. If the Deputy Head Pastoral/Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

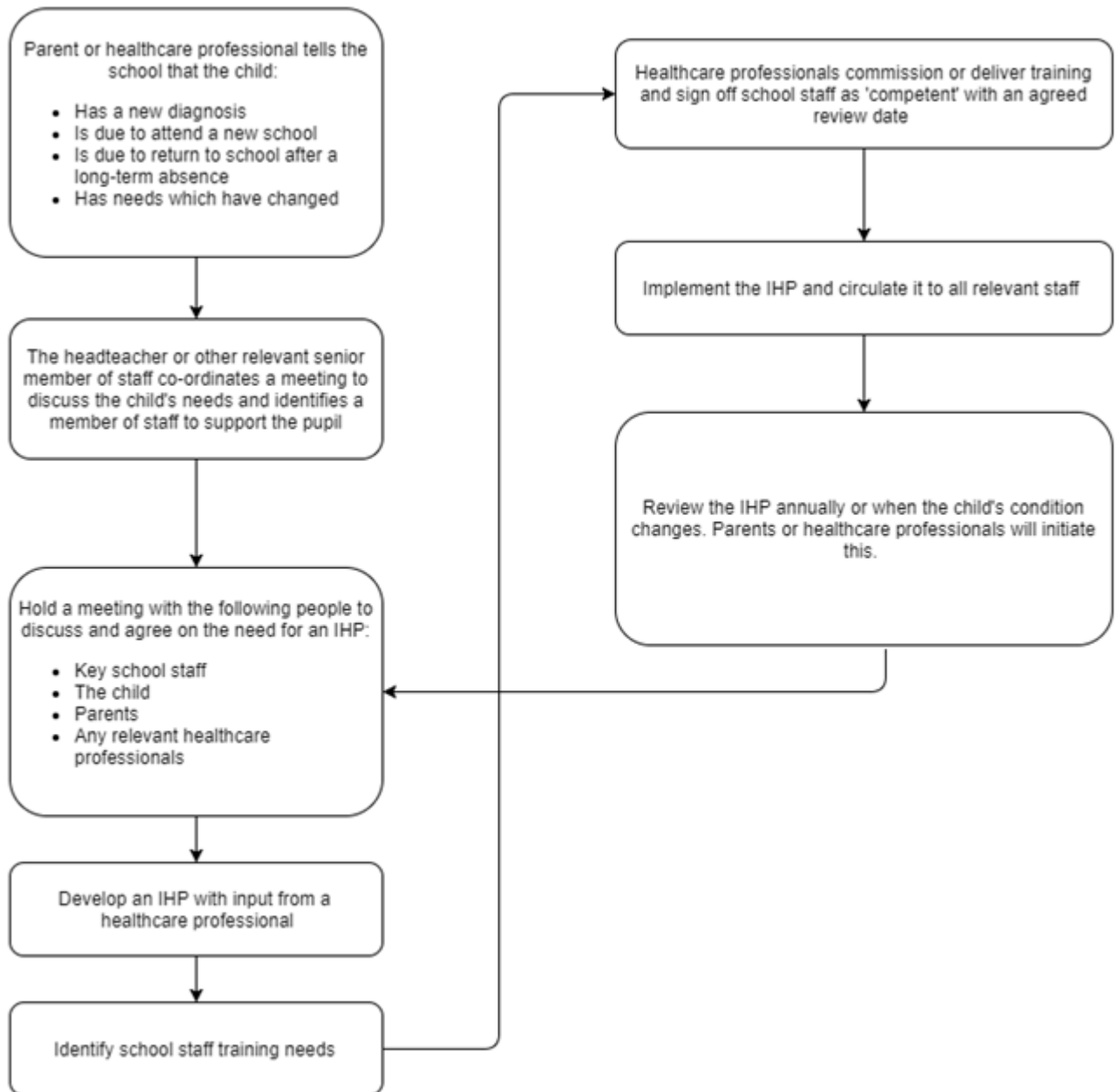
This policy will be reviewed and approved by the governing board every two years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints policy
- Equality information and objectives
- First aid
- Health and safety
- Child protection and safeguarding
- Special educational needs information report and policy.

APPENDIX 1: Being Notified A Child Has A Medical Condition



BEACONSFIELD HIGH SCHOOL - HEALTHCARE PLAN

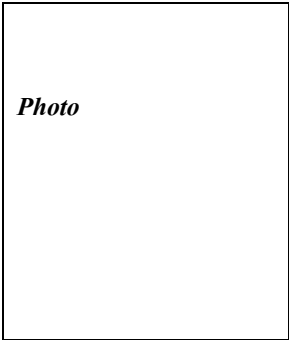
STUDENTS WITH MEDICAL NEEDS

Surname:

Forenames:

Date of Birth:

Condition or illness:
.....
.....
.....



I consent to a member of staff administering:
.....
(name of medication as described on the container)

Dosage and method of administration:
.....

Describe in detail when medication should be administered and any emergency actions (call ambulance, parents etc.):
.....
.....
.....

IT IS THE PARENT/CARER'S RESPONSIBILITY TO ENSURE THAT MEDICATION IS IN DATE.

Emergency Contact 1

Emergency Contact 2

Name:

Name:

Main Contact No:

Main Contact No:.....

Alternate Contact No:

Alternate Contact No:

Signed:

Date:

BEACONSFIELD HIGH SCHOOL

Parent/carer agreement for school staff to administer student's own medicine.

Name of Student: **Date of Birth:**

Medical condition or illness:

Name and strength of medication:

Dosage and frequency:

Side effects (if any):

Any other instructions:

**MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY
AND IT IS THE PARENT/CARER'S RESPONSIBILITY TO ENSURE THAT MEDICATION IS IN DATE.**

Contact details

Name:

Main Contact No:

Alternate Contact No:

I give consent for the school staff to administer medicine in accordance with the school policy and will notify the school of any changes in writing.

Signed:

Date:

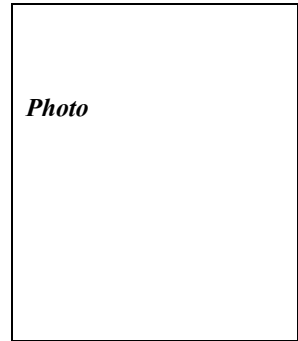
BEACONSFIELD HIGH SCHOOL - HEALTHCARE PLAN

STUDENTS WITH ASTHMA

Surname:

Forenames:

Date of Birth:



Trigger(s):
.....
.....
.....

I consent to a member of staff administering:

.....
(name of medication as described on the container)

Dosage and method of administration:

.....

Describe in detail when medication should be administered and any emergency actions (call ambulance, parents etc.):

.....
.....

IT IS THE PARENT/CARER'S RESPONSIBILITY TO ENSURE THAT MEDICATION IS IN DATE.

Emergency Contact 1

Emergency Contact 2

Name:

Name:

Main Contact No:

Main Contact No:.....

Alternate Contact No:

Alternate Contact No:

I consent to the administration of the school's spare

Ventolin if my child's medication is not available.

Yes/No

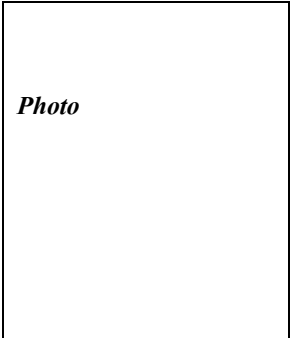
(delete as appropriate)

Signed:

Date:

BEACONSFIELD HIGH SCHOOL - HEALTHCARE PLAN - Year 7

ALLERGIES AND AAI's



Surname:

Forenames:

Date of Birth:

Allergen:
.....

I consent to a member of staff administering:
.....

(name of medication as described on the container)

Dosage and method of administration:
.....

Describe in detail when medication should be administered and any emergency actions (call ambulance, parents etc.):
.....
.....

IT IS THE PARENT/CARER'S RESPONSIBILITY TO ENSURE THAT MEDICATION IS IN DATE.

Emergency Contact 1

Emergency Contact 2

Name:

Name:.....

Main Contact No:

Main Contact No:

Alternate Contact No:

Alternate Contact No:

I consent to my child's photo (and details of allergens and the AAI to be used) being displayed in the staff rooms at school (delete as appropriate) **Yes/No**

I consent to the administration of the schools emergency adrenaline to my child if the medication is not available. (delete as appropriate) **Yes/No**

Signed: **Date:**

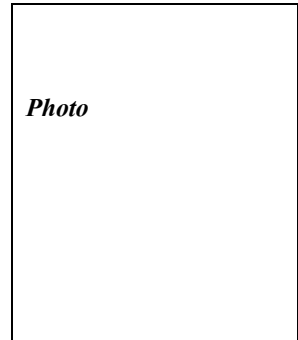
BEACONSFIELD HIGH SCHOOL - HEALTHCARE PLAN - Year 8-13

ALLERGIES AND AAI's

Surname:

Forenames:

Date of Birth:



Allergen:
.....

I consent to a member of staff administering:

.....
(name of medication as described on the container)

Dosage and method of administration:

.....

Describe in detail when medication should be administered and any emergency actions (call ambulance, parents etc.):

.....
.....

IT IS THE PARENT/CARER'S RESPONSIBILITY TO ENSURE THAT MEDICATION IS IN DATE.

Emergency Contact 1

Emergency Contact 2

Name:

Name:

Contact No:

Contact No:

I consent to the administration of the schools emergency adrenaline to my child if the medication is not available (delete as appropriate). Yes/No

Iconsent to my photo (and details of allergens and the AAI to be used) being displayed in the staff rooms at school. Yes/No (delete as appropriate)

I have reviewed the form and am happy for my child to consent to my child's name/image being used by the school in this way.

Signed: **Date:**

BHS Individual Support Plan - SEMH

Name of setting

Beaconsfield High School

Child's name

Group/class/form

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no.

Relationship to child

Name

Phone no.

Relationship to child

Timeline: Assess, Plan, Do, Review

Assess:

Plan:

Do:

Review:

Does the student have a formal diagnosis or multiple diagnoses? Yes/ No

--

Does the school hold copies of all information related to diagnosis? Yes/ No

Is the student in assessments for any potential diagnosis? Yes/ No

Is the student having support from outside agencies? Yes/ No (please provide contact details)

Is the student receiving support or has the student received support in school? Yes/ No

Medication:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Use this space to tell us about/ describe thoughts/ feelings and difficulties currently.

Symptoms:

Are you displaying any of these symptoms currently? If you have others, please add to the list.

	Yes	No
Decreased attention span		
Poor impulse control		
Hyperactivity, pacing		
Feeling of discomfort		
Feelings of apprehension		
Feeling of helplessness		
Delusions		
Disorganised thought process		
Trouble sleeping		
Trouble attending lessons/ some lessons		
Self-harm		

Triggers:

Try to think about your triggers and tell us about them. Please add to the list any others that apply to you.

	Yes	No
Loud classroom		
Assembly hall/ large gatherings/ lots of people around her		
Busy environment		
Worry about work set/ Getting stuff right/ Getting stuff in on time		
Concern about HW completion		
Concern about tests/ academic performance		
Change of venue		
Change of routine		
Substitute teacher		
Student unable to identify any specific triggers		

Do you want to tell us about any further information regarding triggers?

BHS is a school, and our Well-being and Learning Support Teams and staff are not trained medical professionals. We **cannot diagnose** and our treatment options are limited within the context of a mainstream secondary school. That said, we have various

support measures on offer and operate a 4 tier Well-being Support Pyramid alongside reasonable adjustments to try to help students feel safe and able to attend all lessons.

Reasonable Adjustments

Please read our reasonable adjustments document Reasonable Adjustments at BHS - Student Version together (this will be sent home). Please download a copy of the reasonable adjustment document and save a copy. Please highlight on your saved document the reasonable adjustments that you think may help. Please save and hyperlink your saved copy here

If you have other suggestions, please note them below.

Once reasonable adjustments have been discussed and agreed upon, they will be activated following the meeting (within a reasonable timeframe). If the student has a SEN Profile, they will be added.

Treatment:

This list may or may not be suitable for the student and their symptoms. Please delete as appropriate and make additions in discussion with student and family.

Treatment	Rationale	Potential Barrier
Maintain a calm, non threatening manner while working with the student.	Anxiety is contagious and may be transferred from student to student. Student develops feeling of security in presence of calm staff and a calm environment.	It is not always possible to maintain a calm environment due to the busy and reactive nature of a mainstream school environment.
A member of staff to remain with the student at all times when levels of anxiety are high (severe or panic); reassure student of their safety and security.	The student’s safety is our priority. A highly anxious student should not be left alone as their anxiety will escalate.	It is not always possible to retain the same member of staff dealing with the student. Additionally, staff may need to react to other medical needs.
Move the student to Student Welfare or another quiet area.	A smaller or secluded area enhances a sense of security as compared to a large/ busy area which can escalate anxiety.	Student Welfare can be busy at times. Student may not be able to move safely to SW in the middle of a panic attack.
Provide reassurance and comfort measures. Maintain calmness towards the student.	The student will feel more secure if you are calm and inf the client feels you are in control of the situation. Staff have been trained on supporting student with anxiety.	It is not always possible to retain the same member of staff dealing with the student. Additionally, staff may need to react to other medical needs.
Inform family of occurrence of anxiety/ panic attack.	Family are aware of occurrences and severity of anxiety and panic attacks and can seek medical/ professional support.	Student Welfare or another member of staff are busy and sometimes a delay may occur in informing family. The message will not always be relayed by

		the staff member who has supported the student; at times it will be a message for information only.
Avoid asking or forcing the student to make choices until the student is regulated and is able to talk about next steps eg. returning to lessons.	Students are unable to make decisions whilst in a panic state but once regulated are able to return to lessons. The best place for our students is generally in lessons; we are a school.	If the student is unable to regulate over a period of time or returns multiple times we will need to call parents to collect or in extreme circumstances, an ambulance.
Encourage the student's participation in relaxation exercises such as deep breathing, listening to music. The school share sources of information regarding anxiety and coping mechanisms with student and families.	There are effective nonchemical ways to reduce anxiety that students and families can learn about and practice.	Potential barrier is if student and family do not engage with resources or external help.
Teach signs and symptoms of escalating anxiety, and ways to interrupt its progression through sessions with wellbeing mentor, PSHE, GLR and through the pastoral and academic curriculum.	Student can start using relaxation techniques that they have learned and practised; gives the student confidence in recognising triggers and having control over their anxiety.	Student does not engage with learning and resources recommended. Student is unable to recognise triggers. Students will not be routinely withdrawn from lessons.
Student to student support available eg. Blossom, Guardian Angels and Becky Mind.	Peer support has been shown to be beneficial in some cases. Students have been trained to support low level anxiety concerns.	Students cannot be expected to support higher level anxiety needs. Student needs to be accepting if this support is offered.
Positive Re-framing	Turning negative messages into positive ones.	Student does not want to reframe or cannot 'see' the benefit of reframing.
De-catastrophising	It involves the use of questions to more realistically appraise the situation. It is also called the "what if" technique because the worst-case scenario is confronted by asking a "what if" question.	It is not always possible to retain the same member of staff dealing with the student. Additionally, staff may need to react to other medical needs. One-to-one extended conversations may not be possible every time a panic attack occurs.
When level of anxiety has been reduced, staff and family to explore with the student the possible reasons for occurrence.	Recognition of precipitating factors is the first step in teaching the student to interrupt escalation of anxiety.	It is not always possible to retain the same member of staff dealing with the student. Additionally, staff may need to react to other medical needs. One-to-one extended conversations may not be possible every time a panic attack occurs.

Supporting students in taking prescribed medication eg. Anti-anxiety medication.	Health care professionals may prescribe medication to help the student stay regulated and we recognise the schools' role in supporting the family and student with this.	Student may forget to bring in medication.

Treatments listed as above
 Additionally:

If the student self-harms or has suicide ideation it may be deemed necessary to undertake a risk assessment. If there is a concern that the student is a flight risk, it may be necessary to undertake a risk assessment.

Does this student need a risk assessment? Yes/ No

If yes....

Please include here or complete and hyperlink in the RA

Arrangements for school events/ visits/ trips

Discussion with student and family around triggers and how best to support the student with events, visits and trips.
Eg. Students may not be able to attend whole year group events like assemblies if large numbers of people are identified as a trigger

Other information: use this space for recording any other information or discussion

Describe what constitutes an emergency, and the action to take if this occurs

Severe panic attack
Extended dysregulation
Loss of consciousness
Self-harm
Suicidal ideations
Sickness eg. Vomiting, nausea
Hitting head
Leaving site

Who is responsible in an emergency (*state if different for off-site activities*)

Families will be contacted as described above and in the case of emergency school staff will be responsible in the first instance depending on the situation emergency services may be required or the parent/ carer will be asked to collect the student and may be recommended to contact GP/ A&E

Assessment and plan developed and agreed. Review date set.

	Signature	Date
Student		

Parent/carer		
Staff		