



Nunthorpe
Academy

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS AND MEDICINES MANAGEMENT POLICY

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Introduction

Nunthorpe Academy is committed to ensure that students with medical conditions are supported. Nunthorpe is an inclusive community that supports and welcomes students with medical conditions. The Academy provides all students with any medical condition the same opportunities as other students.

This Policy has been written with guidance from the DFE Supporting pupils at school with medical conditions (Dec 2015). The Academy recognises the duties in the Children and Families Act, The Equality Act and the Disability Discrimination Act.

In Practice this means:

1. A list of students with medical conditions is displayed on the Staff Shared area and in the Medical Room and in Inclusion Office. Any student with a serious medical condition is placed on the students' individual Sims quick note front page.
2. Health Care Plans ('HCP') for individual students are in a master file in the Central Inclusion Office. These are produced and maintained by the **AVP Inclusion** and the Inclusion Administrator and parents/carers. Initial meetings are arranged when pre-existing medical information is noted on the Admissions Form. It is the parent's/carer's responsibility to inform the Academy of any changes that are required to the Health Care Plans throughout the academy year. The academy will request any changes to the Health Care Plans on an annual basis. Any new conditions should be communicated to the Pastoral team in the first instance who will liaise with the AVP Inclusion and Inclusion Administrator.
3. A medical locked locker is available to hold individual medical kits which are labelled with names, tutor groups, year groups and medical condition(s). It is the parents/carers responsibilities to ensure the kit contents are fit for purpose and are not out of date (parents/carers commit to this in signing their child's HCP).
4. Students who access their own medication having been shown and told when they first begin their career at Nunthorpe Academy.
5. A First Aid call Log is managed by the Inclusion Administrator and completed by all relevant First Aiders as necessary. **ALL MEDICAL ROOM VISITS BY STUDENTS ARE LOGGED.**
6. A summary report is shared with the Local Governing Body in their PDBW focused meetings.
7. The Local Governing Body will annually review all relevant Academy policies and procedures associated with student medical conditions.
8. Short term medication can be stored in the separate fridge in the Inclusion Department and students can administer these medicines themselves.
9. Students with potentially serious conditions (e.g. diabetes and certain critical allergies) carry an Academy Medical Pass, with them at all times. This pass allows them to leave lessons as and when necessary. Another student will also accompany the student with the medical condition to the Inclusion Department.
10. All Staff are given annual medical conditions management training by the School Nurse or other medically qualified health practitioner.
11. The school nurse operates a 'drop in' clinic once per week at the academy which the Pastoral team can refer students to through the AVP Inclusion. Up to date information is shared via the weekly Nunthorpe News to inform students of this service and allocated day.
12. Allergies In the management of specific life-threatening allergy conditions, any staff who volunteers to administer an epi pen to a student in need, sign a central register. A copy of the register is retained in the Inclusion Office. These signup sheets are reproduced annually – organised by the Inclusion Administrator. Any pupil in school who has a severe allergy will have an individual health care plan and an epi-pen in school. These

This policy will be kept under regular review in light of legal developments and best practice.



are kept on the child and in the Inclusion Office. See APPENDIX 3 for what to do if a child has a severe allergic reaction in school.

13. 15. Epilepsy Each student who is identified as suffering from epilepsy will have an individual health care plan in the Inclusion Office. This identifies the level of support required for the student and the treatment/medication. See APPENDIX 3 for what to do if a child has a seizure in school.
14. 16. Asthma Each student in school who suffers from asthma should have a completed Asthma Care Plan (APPENDIX 2), and at least one inhaler in school. All inhalers are kept in the student's blazer pocket. The care plan, which is completed by the parent, will state the type of inhaler, dosage needed, when needed and if he/she uses a spacer for ease of administration, and whether he/she can administer it themselves. See APPENDIX 3 for what to do if a child has an asthma attack in school.
15. No tablets (e.g. paracetamol) are given to students unless they have been brought in by their parents/carers in a clear marked container with the student's name and tutor group and the name and quantity of the tablet(s). The student must bring the tablets to the Inclusion Office or Pastoral Manager Office at the start of the school day and it is the students' responsibility to come to the office to be given the tablets for them to self-administrate.
16. If required, the Academy will give Prescription Medicines such as Ritalin to assist in Behaviour Management of identified students. A signed letter of consent is required from the parent/carer giving consent for the Academy to administrate the medication. A record sheet of date and time taken, named person giving the medication is kept within the Inclusion Office. The medication is kept in a secure, lockable 'safe' with the student's name. It is the students responsibility to come and collect/take medication.
17. Links will be made in liaison with any hospital that any student who is admitted throughout the academic year to ensure the student is supported as an inpatient and with creating a reintegration plan to support them to return to the Academy. This could be by providing work or allowing a modified/reduced timetable on return to the Academy. Referrals for Complementary Education will be made where needed by the AVP of Inclusion.
18. Adjustments and modifications will be made to student's timetables to allow the student to return to the Academy as quickly as possible for example; only attending ground floor lessons if mobility is a concern or being withdrawn from Physical Education lessons for a selected agreed period of time and spending the additional time within the Inclusion Department. This process will be completed in liaison with Pastoral Managers, Inclusion staff, parents/carers and health professionals if required. Risk Assessments are written on an individual student basis and when needed. All Part time timetables are to be approved by the Head of School and shared with the Local Authority as and when appropriate by the AVP Inclusion.
19. Procedure for notification of a medical condition APPENDIX 4

Links to other policies

- Accessibility Policy
- Safeguarding and Child Protection Policy
- SEND Policy

Supporting information and websites

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

<https://www.gov.uk/government/publications/send-code-of-practice-0>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf



Appendix 1 - Health Care Plan

Name of Student:		Tutor Group:	
Date of Birth:		Date of Plan:	
Address of Student:			
Medical Condition/Diagnosis:			
Date of Diagnosis:		Date of Review	
Family Contact Details			
Name of Parent/Carer (1)			
Telephone Contact - Home:			
Work:			
Mobile:			
Name of Parent/Carer (2)			
Telephone Contact – Home:			
Work:			
Mobile:			
Clinic/Hospital Contact			
Name of Contact:			
Hospital:			
Phone Number:			
GP Details			
Name of Doctor:		Phone Number:	
Surgery Address:			

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Details of Care

Please describe the medical needs and give details of the student's symptoms.

Daily care requirements (e.g. before PE/ at Lunchtime etc).

Describe what constitutes an emergency for the student and the action required if this occurs.

Is there any Follow up Care needed?

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

This form should be completed and copies given to:

Appendix 2 - Asthma Care Plan

Dear Parent(s) / Carer(s)

Our records show that your child has Asthma. Could you please complete an Asthma Care Plan so, should the need arise, we can treat your child in the appropriate way.

This plan should be returned to school as soon as possible.

Name:.....

Address:.....

Date of birth:.....

Contact details:.....

Alternative Contact:.....

My child.....suffers from asthma and takes..... puffs of Salbutamol inhaler (blue/brown in colour) for a cough, wheeze or breathlessness.

Delete as appropriate

My child.....needs/does not need to take..... puffs of his/her inhaler 15 minutes before exercise and will have it with him/her on all school trips

My child does / does not use a spacer to administer the dose of the inhaler

- My child can administer the inhaler themselves
- I give permission for a first aid member of staff to assist my child

The inhaler will be administered by a first aid member of staff following the steps listed below:

1. Speak calmly and encourage the child to sit up and encourage her/him to breathe slowly
2. Shake the inhaler
3. Slot the inhaler into the end of the spacer
4. Place the other end of the spacer in the mouth sealing lips around the mouthpiece
5. Press the canister
6. Encourage 5 big slow breaths in and out as slow as she/he can manage, or 30 seconds per puff with mask on

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- 7. Repeat from step 2 if more doses are needed
- 8. This medication should be effective within 5-10 minutes
- 9. If needs her/ his inhaler (10 puffs) in a spacer more often than 4 hourly in school a member of first aid staff will contact parents to inform them.

At hometakes other medication to try to control her/his asthma.

The expiry date for my child(s) inhaler in school is.....

Please sign below to accept responsibility for the following;

I take full responsibility for checking my child’s inhaler is in date and will also send an up-to-date inhaler into the academy

I will ensure the inhaler and spacer are clearly labelled with my child’s name

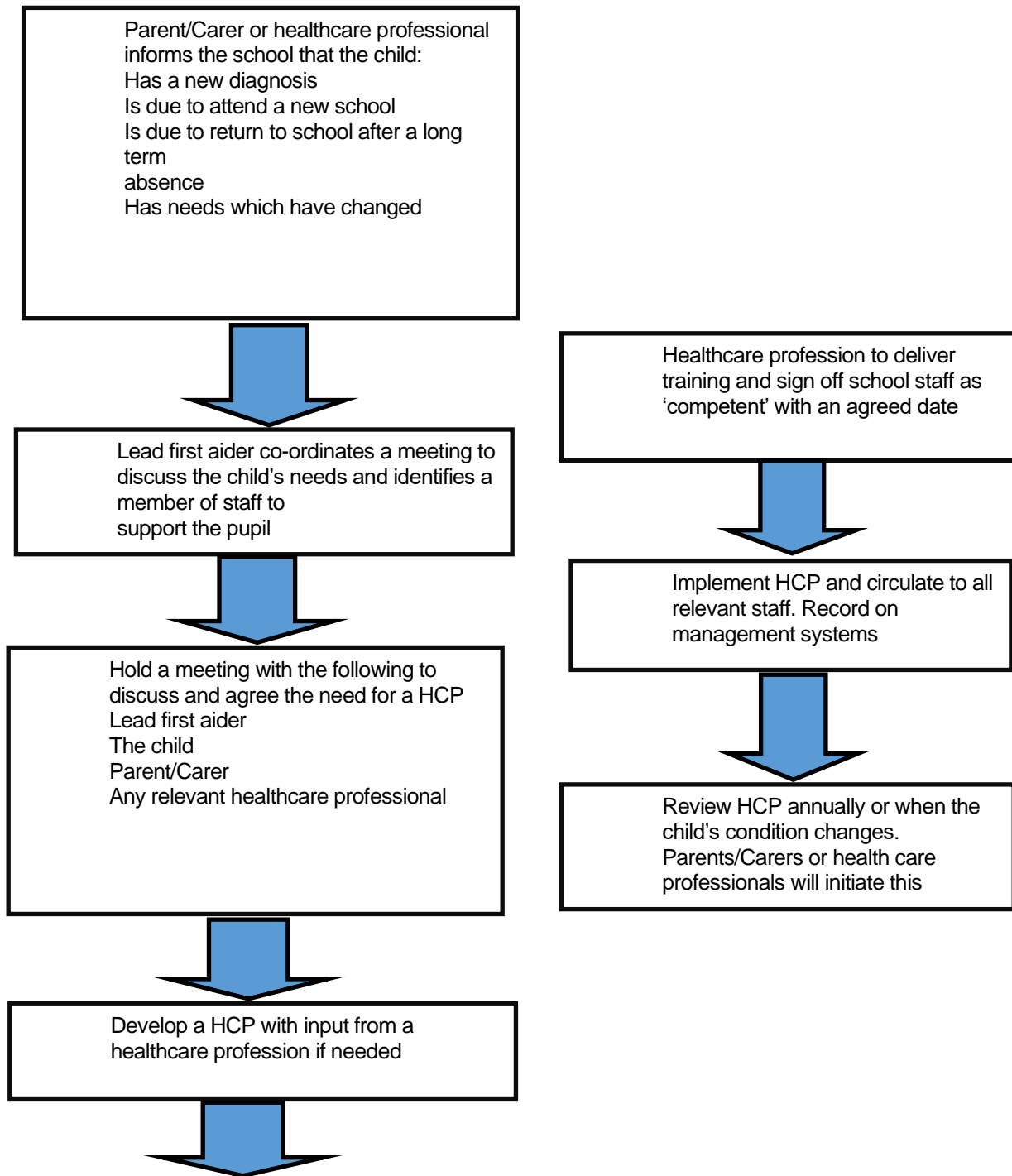
I give permission for a first aid member of staff to help in giving my child their inhaler if necessary

Parent/ Carer:.....

Date:.....



Appendix 3 -Procedure for when notified that a student has a medical condition



Appendix 4- Anaphylaxis Risk Assessment



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Child/Young Person Name:			
Name and Contact telephone number of Parent/Carer			
Setting/School:			
Phase:			
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):			
Date of Assessment:		Reassessment due (this would usually be termly, unless there is an incident, at which point the risk assessment should be reviewed):	
<p>I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:</p> <p>Signatures:</p> <p>Setting Manager/Head of School: Date</p> <p>Parents/Carers Date</p> <p>Child/Young Person Date</p>			



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Allergen exposure risks to be considered

Ingestion Direct contact Indirect contact

Is this allergy considered to be airborne? Yes/No

Summary of current medical evidence seen as part of the risk assessment (copies attached from medical practitioner)

What is this child/young person allergic to?

Does the child already have an Allergy Action Plan or an Individual Healthcare Plan? YES NO

Is the child prescribed adrenaline auto-injectors (AAIs)? YES NO

Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.

Activities

Contact with materials in the Art Department:

Creative activities in the Technology department: i.e. craft paste/glue, pasta

Contact with products in Science:

Musical instrument sharing (cross contamination issue):

Food Technology/Cooking practical's (food prep area and ingredients):

Can this student be provided with alternative products to partake? (Please indicate if parent or academy will provide these)

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Mealtimes/breaks:		Is the child to be provided with packed lunches from home?	
Kitchen prepared food (is allergy information available):			
Can the child be present in the dining Hall areas across the academy? (if no state reasons)			
Can this student be given snacks?		Are there any alternative recommendations to any snacks offered? (Parent to supply?)	
Drinks:			
Can the child be given rewards?			
Can the child use the soap/handwashing products in the academy?			
Indoor play/PE (AAIs to be with the child):			
Outdoor play/PE (AAIs to be with the child):			
School field (AAIs to be with the child):			
Offsite trips (are staff who accompany trip trained to use AAI?):			
Allergy Management			
Does the child know when they are having an allergic reaction?			
What signs are there that the child is having an allergic reaction?			

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<p>What action needs to be taken if the child has an allergic reaction?</p>	
<p>If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes state when and how this can be adjusted:</p>	
<p>If the child is trained and confident can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, consider completing a risk assessment for this)</p> <p>If No state reason:</p>	
<p>Does the child have two of their own prescribed AAls?</p>	
<p>How many staff need to be trained to meet this child's need?</p>	
<p>Are there backup spare AAls available and where are they located?</p>	
<p style="text-align: center;">Outcome of Risk Assessment</p> <p>New Allergy Action Plan/Individual Healthcare Plan required? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

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