

Supporting pupils with medical conditions policy



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1. Aims

This policy aims to ensure that:

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

The local governing body will implement this policy by:

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

The named person with responsibility for implementing this policy is the Headteacher.

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 local governing body 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 local governing body

The local governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The local governing body 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 pupils in this way
- Contact the school nursing service in the case of any pupil 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 pupils 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 pupils 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 pupils 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 pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it. This is a voluntary role.

3.4 Parents

Parents 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 Pupils

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

3.6 School nurses and other healthcare professionals

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

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

School will seek advice from medical professionals when developing IHC plans, as and when appropriate.

Health care professionals may provide support in writing and implementing the IHC plans where needed.

4. Equal opportunities

Our school is clear about the need to actively support pupils 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 pupils 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 pupils with medical conditions are included. In doing so, pupils, their parents 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 pupil has a medical condition, the process outlined below will be followed to decide whether the pupil 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 pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans (IHPs) & Asthma plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions and asthma plans. This has been delegated to the pastoral and safeguarding officer and other members of the inclusion team.

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

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

- What needs to be done
- When

➤ By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents 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.

Pupils with asthma will have an individual asthma plan written using appendix C.

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

Individual Health Care Plans will be completed using the proforma in appendix B.

If a pupil has an Education, Health and Care plan (EHCP), IHPs will be linked to, or become part of, the Health section of the plan. If a pupil 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 headteacher and/or members of the inclusion team, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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 pupil'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 pupil 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription medicines will only be administered at school:

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

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

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents 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. Pupils and relevant staff 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 pupils and not locked away.

Medicines will be returned to parents 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.

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 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents 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 Administering medication

- Medication will not be accepted without a completed Parental agreement for school to administer medication form (Appendix D)
- No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- Parents/carers are informed any time medication is administered that is not agreed in an IHC plan or requested by them on individual basis.
- Staff may administer a controlled drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- The school will not accept items of medication that are in unlabelled containers.
- All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed who holds the key to the relevant storage facility.

- Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.
- Only reasonable quantities of medication should be supplied to school e.g. a maximum of 4 weeks supply at any one time.
- When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- Staff administering medication must check:
 - The pupil's name
 - Written directions provided
 - Prescribed dose
 - Dose frequency
 - Expiry date
 - Storage requirements (if necessary)
 - Any additional or cautionary information

This will be recorded on: Appendix E - Record of Medicine Administered to an Individual Child

If staff volunteering to administer medicine are concerned about any aspect of its administration, they must not administer it and must seek further advice.

7.4 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 pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures as set out in appendix F – Contacting Emergency Services (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

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

Defibrillators

- The school has one automated external defibrillator (AED).
- The AED is stored outside the school office.
- All staff members are aware of the AED's location and what to do in an emergency.

No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use. However we do have a number of staff who have received training on its use.

9. Training

Staff who are responsible for supporting pupils 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 pupils 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 headteacher or pastoral and safeguarding officer. 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 pupils
- 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 local governing body will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

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

11. Liability and indemnity

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

The details of the school's insurance policy are available upon request.

12. Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should follow the school's complaints procedure which can be found on the school website.

13. Monitoring arrangements

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

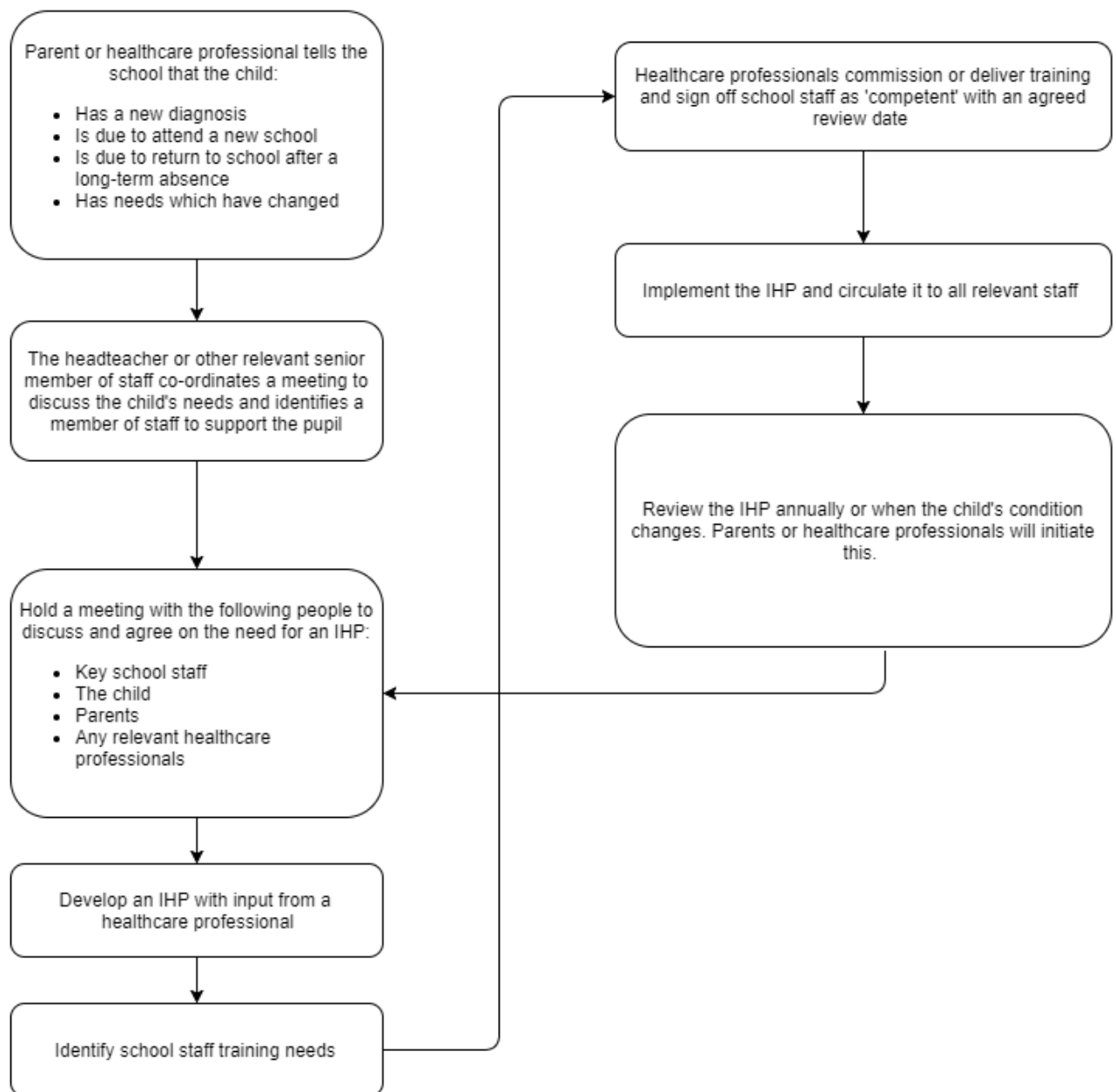
14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Children with health needs who cannot attend school
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix A: Being notified a child has a medical condition

[A Care plan Appendix a Being notified a child has a medical condition.docx](#)



Appendix b – Individual Healthcare Plan

[B Care plan Appendix b - Individual Healthcare Plan.docx](#)

Child's name:	Date of birth:
Year/Class:	Child's address:
Child's Photo:	SEN Support or EHCP?
	If yes, what is the child's primary need:

Brief overview of medical diagnosis or condition:

-

Key implications in school/in school care requirements:

-

Date care plan has been written:

Review date:

Care plan written by:

Leading adult in school and their role in supporting pupil:

Role required of other adults:

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

-

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

-

Daily care requirements and support needed to meet pupils educational, social and emotional needs:

Requirements in school:

Requirements at home:

Arrangements for school visits/trips:

Other information:

Emergency

Describe what constitutes an emergency:	Action needed if this occurs:	Responsible person in an emergency (state if different for off-site activities):

Staff training

Staff training needed:	Yes or No
------------------------	-----------

If yes, complete the table below

Training needed	By whom	When	Tick to state completed

Contact details

Family contact information

Name:	Contact number(s)
Relationship to child:	

Name:	Contact number(s)
Relationship to child:	

Clinic/hospital contact

Name of professional:	Contact number(s):
Medical centre:	

Child's GP

Name of GP:	Contact number(s)
Medical centre:	

Sharing of Care plan

Name	Date	Signed that it has been read

Plan developed with:

Additional appendices (such as medication administering or hospital reports) relating to this plan:

Parent:

Name: _____

Signed: _____ Date: _____

Appendix C – Asthma Plan (saved on schools onedrive)



My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name: _____

1 My daily asthma medicines

- My preventer inhaler is called _____ and its colour is _____.
- I take _____ puffs of my preventer inhaler in the morning and _____ puffs at night. I do this every day even if I feel well.
- Other asthma medicines I take every day: _____

- My reliever inhaler is called _____ and its colour is _____.
- I take _____ puffs of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____.

2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____.

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

And also take _____ puffs of my blue reliever inhaler every four hours.



If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?



If YES I take:

_____ puffs of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)

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Appendix D – Parental Agreement for the School to Administer Medicine

[D Care plan Appendix D - Parental Agreement for the School to Administer Medicine.docx](#)

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by:

--

Name of child:

--

Date of birth:

--

Group/class/form:

--

Medical condition or illness:

--

Medicine

Name/type of medicine

(as described on the container):

--

Expiry date:

--

Dosage and method:

--

Timing:

--

Special precautions/other instructions:

--

Any side effects that the school needs to know about:

--

Self-administration – Y/N:

--

Procedures to take in an emergency:

--

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact details

Name:

--

Daytime telephone number:

--

Relationship to child:

--

Address:

--

I understand that I must deliver the medicine personally to:

(Name of staff member)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature(s) _____

Date _____



Appendix E – Record of Medicine Administered to an Individual Child

[E Care plan Appendix E - Record of Medicine Administered to an Individual Child.docx](#)

Name of child:

--

Date medicine provided by parent:

--

Group/class/form:

--

Quantity received:

--

Name and strength of medicine:

--

Expiry date:

--

Quantity returned:

--

Dose and frequency of medicine:

--

Staff signature

Signature of parent

Date:

--	--	--

Time given:

--	--	--

Dose given:

--	--	--

Name of member of staff:

--	--	--

Staff initials:

--	--	--

Date:

--	--	--

Time given:

--	--	--

Dose given:

--	--	--

Name of member of staff:

--	--	--

Staff initials:

--	--	--

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:



Appendix F – Contacting Emergency Services

[F Care plan Appendix F - Contacting Emergency Services.docx](#)

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- The telephone number: (01375 677079).
- Your name.
- Your location as follows: (St James Avenue East, Stanford-le-Hope, Essex, SS17 7BQ).
- The satnav postcode: (SS17 7BQ).
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.