



Supporting pupils with medical conditions and Administering medicines

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Mr J Reynolds
Chair of Governors

Chair of governor's signature:

A handwritten signature in black ink, appearing to be 'J Reynolds', written over a faint dotted line.

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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 governing board 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 Deborah Shipp

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](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils 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 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.

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
- › Provide new medication when it is recognised that the current medication is due to run out

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. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The school nursing service or health visitor will 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.

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 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.

6. Individual Health Plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This might be delegated to the SENCO.

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.

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

IHPs will be linked to, or become part of, any education, health and care (EHC) 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 governing board and the headteacher / role of the individual with responsibility for developing IHPs, 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. Advice will be sought from the Educational Visits Advisor, where appropriate. There will be times, where a pupil has complex medical needs, that their parent will be invited to be involved in a trip – this will be in consultation with the school and the trip destination. The headteacher's decision is final when deciding to invite a parents/carer to accompany their child on a trip.
- › 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 and non-prescription medicines can 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 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 in the office.

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

If a child is given paracetamol in school, with a parent's / carer's permission, this will be logged in the school's Paracetamol log. This log will be reviewed termly by the headteacher to identify any patterns or potential signs of a worsening condition.

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 pupil who has been prescribed a controlled drug may **not** have it in their possession due to the age of pupils at our school. All other controlled drugs are kept in a secure cupboard in the headteacher's 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 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures, but they will not carry their own medicines. This will be discussed with parents and it will be reflected in their IHPs.

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 as soon as possible 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 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. Managing asthma

The school recognises that asthma is a common condition among children, but we also understand that it can be serious and, in some cases, life-threatening. We are committed to supporting pupils with asthma by providing a safe environment, enabling them to participate fully in school life. This includes managing their condition effectively and working in partnership with parents, healthcare professionals, and the pupils themselves.

Individual Healthcare Plans (IHPs)

- Every child with asthma must have an up-to-date IHP, developed in collaboration with parents, healthcare professionals, and school staff.
- The IHP will include details about the child's triggers, medication, dosage, administration times, and actions to take in an emergency.
- IHPs will be reviewed at least annually, ideally at the start of the academic year, or whenever there are changes to the child's condition or treatment.

Medication

- Pupils must have access to their prescribed inhaler at all times, whether in the classroom, on the playground, or during off-site activities. Inhalers will be kept in the office by default. Inhalers will not be removed from the office without permission from the headteacher.
- Parents are responsible for providing a labeled, in-date reliever inhaler and a spacer if prescribed.
- A spare emergency inhaler, and spacer, as per government guidelines, will be kept in the school for pupils with parental consent. This will be kept in the medication cupboard in the office.
- If a parent or medical professional advises the regular use of a Salbutamol (blue) inhaler during school hours for a specific period (e.g., due to illness), parents must provide clear **daily** instructions via email to the school office and the child's teacher. A member of staff will write the child's name and inhaler time on the classroom board and the communal board outside the staffroom. For classes with multiple staff members or responsibilities, or when a team is managing multiple pupils' medication, an alarm will be set on an iPad to notify staff when a child needs to go to the office for their inhaler.
- Our school recognises that the frequent use of Salbutamol is not ideal and may indicate an underlying health concern. If we have concerns about a child's use of the inhaler, we will encourage parents to consult with their GP to review and potentially adjust the ongoing medication regime. This ensures that the child's asthma is managed effectively and appropriately in line with their health needs.

Staff Training

- Named staff will receive regular training on asthma awareness, including how to recognise and respond to an asthma attack.
- Staff will have access to videos demonstrating the correct use of inhalers and spacers, as well as emergency procedures. An example for each type of inhaler can be found [here](#).

Managing Asthma Triggers

- The school will aim to minimise asthma triggers, such as dust, pollen, or strong odors, and maintain good air quality.
- Physical activity will be encouraged, with inhalers readily available to pupils who may need them during exercise. (A spare Salbutamol inhaler will be taken outside for each PE lesson)

Asthma Attacks

- All staff will be familiar with the procedure for managing an asthma attack, which includes:
 1. Helping the child sit upright and remain calm.
 2. Encouraging the use of their reliever inhaler (spacer used if required).
 3. Repeating doses as prescribed if symptoms persist.
 4. Calling emergency services if there is no improvement after 10 minutes or if the child's condition worsens.
- Parents will be informed immediately after the event.
- Pupils will typically use their own inhaler. However, if a child is on the playground or field and accessing their inhaler would cause a harmful delay, the school's spare inhaler and spacer should be used immediately.

Parental Responsibilities

- Parents must provide the school with updated medical information, medication, and any changes to their child's condition or treatment plan.
- Our school encourages pupils to use their inhaler as soon as they feel it is needed or when an adult identifies asthma symptoms. If a parent or medical professional advises the regular use of a Salbutamol (blue) inhaler during school hours for a specific period, perhaps due to illness, parents must provide clear daily instructions. These instructions should be communicated via email to both the school office and the child's teacher.
- Parents should ensure that their child understands how to use their inhaler properly and the importance of notifying staff if they feel unwell.

Inclusion and Participation

- Children with asthma will not be excluded from any school activities. Staff will make reasonable adjustments to ensure they can participate fully, including having inhalers readily available during trips, sports, and other activities.

Record Keeping

- The school will maintain an accurate log of children who have an inhaler in school
- A record of all asthma-related incidents, including inhaler use and any asthma attacks, will be maintained and shared with parents.
- When a child uses their blue inhaler at school, the details will be recorded on a sticker in their reading record and logged in the school's asthma log. This log will be reviewed termly by the headteacher to identify any patterns or potential signs of a worsening condition.

9. Emergency procedures

Staff will follow the school's normal emergency procedures (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.

10. 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 and SENCO. 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.

11. Record keeping

The governing board 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.

12. Liability and indemnity

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

The details of the school's insurance policy are [here](#).

13. Complaints

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

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan

- › Child protection and safeguarding
- › Complaints
- › Equality information and objectives
- › First aid
- › Health and safety
- › Off site visits
- › Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



