

Policy for Supporting Pupils at School with Medical Conditions

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Document Control	
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Date	September 2026
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Approval Level	Trust Board
Supersedes	Policy for Supporting Pupils at School with Medical Conditions 2025
Amendments	2025: Changes to the responsibilities of governing body, headteacher and other staff (in line with the model policy from The Key) 2026: Reference to Allergies policy Removal of record keeping forms – now use Medical Tracker
Related Policies/Guidance	This policy meets the requirements under <u>Section 100 of the Children and Families Act 2014</u>, 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 <u>supporting pupils with medical conditions at school</u>. This policy also complies with our funding agreement and articles of association. This policy should be read in conjunction with the Allergies policy Intimate Care Policy
Author	SENDCO Learning Circle / Reviewed by Chief Executive Officer
Policy Category	Statutory Trust Wide: this policy applies to all schools within the Trust

Introduction

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

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have Special Educational Needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP) which brings together health and social care needs as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the school SEND policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short-term, frequent or long-term absence from school, which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

Purpose of the Policy

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that the school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long-term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.

All staff in schools and academies have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long-term absence from school. Refer to the school policy on managing attendance.

1. Roles and Responsibilities

1.1 The Governing Body

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.

The governing body is responsible for:

- 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)

1.2 The Head Teachers

The Head Teachers are responsible for:

- Making sure all staff are aware of this policy and understand their role in its implementation
- Ensuring 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
- Ensuring that all staff who need to know are aware of a child's condition
- Taking overall responsibility for the development of IHPs
- Making sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contacting the school nursing or other health services 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 or other health services
- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

1.3 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.
- Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

1.4 Parents/carers Responsibilities

Parents/carers are required to:

- 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 the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A);
- complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school;
- complete, if appropriate a School Asthma Plan (Template I)

- complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child;
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
 - a) the child's name
 - b) the child's date of birth
 - c) name of medicine
 - d) frequency / time medication administered
 - e) dosage and method of administration
 - f) special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- collect and dispose of any medicines held in school at the end of each term or as agreed;
- provide any equipment required to carry out a medical intervention e.g. catheter tubes;
- collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

2 Pupil Information

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year, or sooner if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A):

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

3 Managing Medicines / Medical Interventions on School Premises

3.1 Administration of Medicines / Medical Interventions

Medicine / medical interventions will only be administered at school when it would be detrimental to pupil's health or attendance not to do so. School may administer medicines on an occasional basis e.g. short-term antibiotics / pain relief etc. on completion of templates at the school office.

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions'

The Head Teachers will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form.

The Head Teachers will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention';

All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:

- a) Name of pupil
- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C / Template J)

No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

3.2 Child's Role in Managing their own Medical Needs

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

3.3 Refusing Medication / Medical Intervention

If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

3.4 Storage of Medicines / Medical Intervention Equipment and Resources

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

3.4a Controlled drugs

A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

3.4b Non-controlled drugs and medical resources

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

3.5 Records

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration
- d) Name of medication
- e) Dosage
- f) A note of any side effects / reactions observed
- g) If authority to change protocol has been received and agreed.

This will be logged on Medical Tracker or recorded on Record of Administration to an Individual Child and Record of Medicine Administered to All Children if Medical Tracker is not working and logged on CPOMS.

4. Training

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person.

Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training'

5. Individual Health Care Plans (IHCP)

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- a) an overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs;
- b) a description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities;
- c) arrangements around administration of medication(s) / medical intervention(s);
- d) arrangements around management of medical emergency situations;
- e) arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc;
- f) risk assessment for access to the school environment and curriculum;
- g) arrangements for evacuation in the event of an emergency;
- h) the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
- i) how, if agreed, the child is taking responsibility for their own health needs;
- j) a reference to staff confidentiality.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually, or sooner if needs change.

Intimate and Invasive Care

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

6. Off-Site and Extended School Activities

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

7. Managing Emergencies and Emergency Procedures

The Headteachers will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services (Template G) which is displayed in the appropriate places e.g. office, staff room etc.

8. Confidentiality and Sharing of Information Within School

School is aware of the need to manage confidential information sensitively and respectfully, always maintaining the dignity of the child and family.

School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

9. Liability and Indemnity

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

10. Complaints Procedure

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the **Headteachers**.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made, in-line with the complaints policy (available on the school website).

11. Unacceptable Practice

The school considers that the **following constitute unacceptable practice**:

- requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- preventing children from easily accessing and administering their medicines as and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child and/or their parents/carers (although this may be challenged);
- ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently;
- preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

12. Policy Information and Review

Information about ratification of policy and review dates can be found on the front cover of this policy document.

Template: Contacting Emergency Services

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

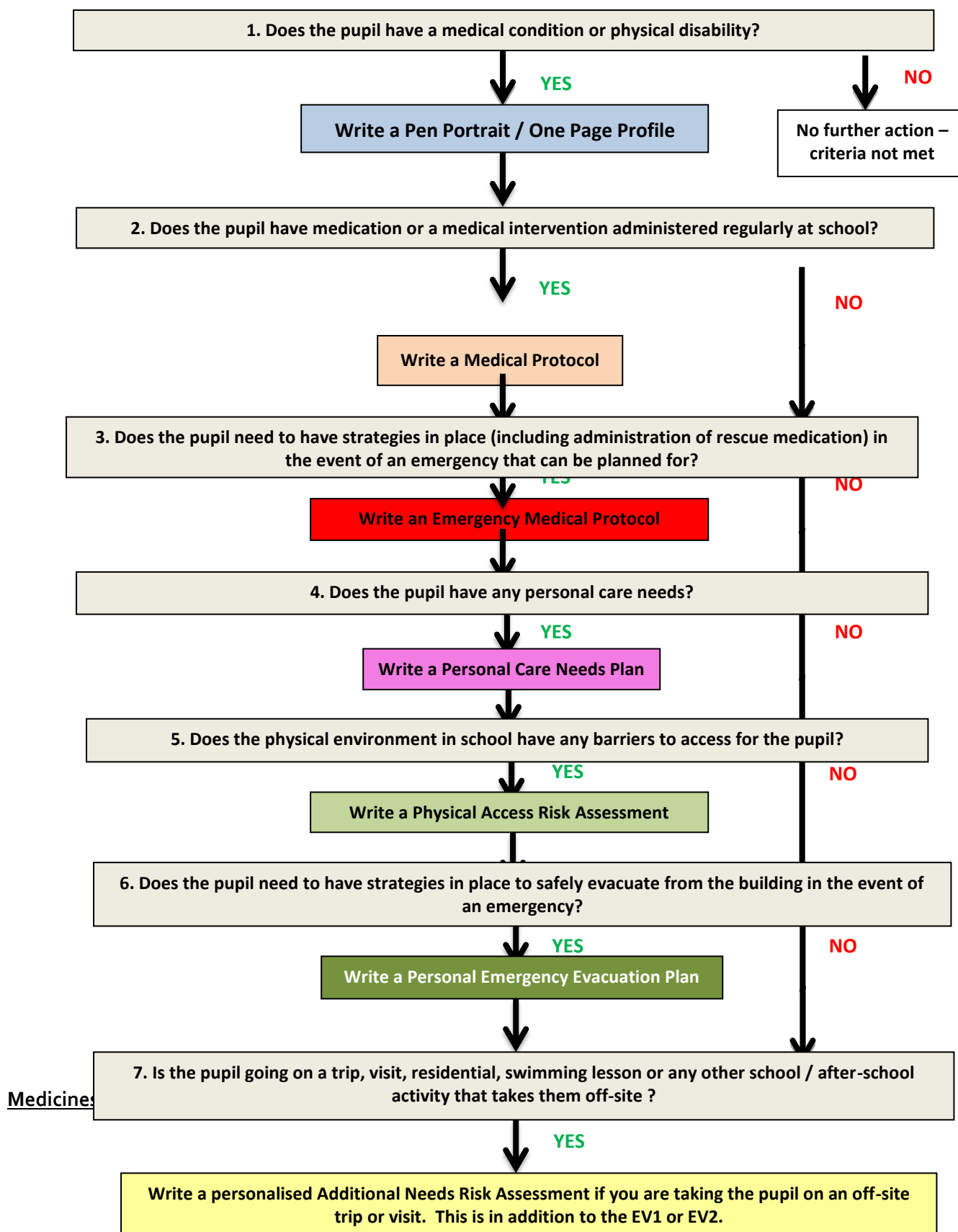
Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number 0161 205 3397
2. your name
3. your location as follows Kenyon Lane, Manchester, M40 9JP
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient: Car park entrance on Lily Lane
8. put a completed copy of this form by the phone



Individual Healthcare Planning (IHCP) Flow7 Chart

Flow Chart courtesy of Lancasterian Outreach and Inclusion Service (LOIS)



Appendix 3

Some of the medicines and medical interventions commonly managed within special and mainstream schools are detailed below.

Medicines

Medical Needs	Medicine	Training Requirements
Asthma	Example: Salbutamol (emergency inhalers)	Training by School Nurse
Adrenal Insufficiency	Hydrocortisone	
Diabetes Type 1	Insulin	Training by specialist nursing team required
Eczema	Topical corticosteroids Emollients (moisturising creams)	
Epilepsy (rescue medication in the event of a seizure)	Midazolam hydrochloride (Buccolam) Midazolam maleate (Epistatus)	Training by specialist nursing team required
Muscle spasm (Cerebral Palsy)	Baclofen	
Severe allergy / anaphylaxis	Adrenaline (EpiPen)	Training by specialist nursing team required

Medical Interventions

Situation	Medical Intervention	Training Requirements
Blood-Glucose (Sugar) Level Monitoring	Testing procedure includes taking a small blood sample	Training by specialist nursing team required
Catheterisation	- Clean Intermittent Catheterisation (CIC) - Self – Catheterisation (CIC) - Management of In-Dwelling Catheter	Training by specialist nursing team required
Diabetes and Insulin management	- Injection of insulin (insulin pen) - Dose management	Training by specialist nursing team required

Gastrostomy / Nasogastric feeding (tube feeding into the stomach)	• Bolus (Gravity) feeding procedure • Pump feeding procedure • Management of stoma site	Training by specialist nursing team required
Hickman (Central) Line	• Awareness raising, management and monitoring	Training by specialist nursing team required
Oxygen Therapy	• Management of oxygen via cylinders	Training required by suppliers and specialist nursing team
Tracheostomy	• Trache and equipment care and management • Suction • Changing / replacing trache tube	Training by specialist nursing team required