

The Federation of Broughton and West Tytherley Primary Schools



Supporting Pupils with Medical Needs (including administrations of medicines)

Children's Services and Safety Team

Name of Unit/Premises/Centre/ School:	Broughton and West Tytherley Primary Schools
Name of Responsible Manager/Headteacher:	Mrs Lucy Macey
Date Policy approved and adopted:	January 2025
Date Due for review:	January 2026

Supporting Pupils with Medical Conditions Policy

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 named person, who has overall responsibility for policy implementation, is the Executive Headteacher.

They will:

- ensure that sufficient staff are suitably trained;
- ensure that all relevant staff will be made aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- brief supply teachers;
- carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable; and
- monitor individual healthcare plans.

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's statutory guidance on [supporting pupils with medical conditions at school](#).

Policy implementation

Procedure to be followed when notification is received that a pupil has a medical condition

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support;
- make every effort to ensure that arrangements are put in place within two weeks;
- not wait for a formal diagnosis before providing support to pupils.

Individual healthcare plans

Our school will send home a health questionnaire. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

Our IHP requires information about:

- 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 (NB If a child is self-managing their medication, this should 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 child'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 child'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;**
- arrangements or procedures required for **school trips** or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- **what to do in an emergency**, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

At our school those people involved in arrangements to support pupils at school with medical conditions include:

- The Executive Headteacher
- SENDCo
- Class Teachers
- Admin Staff
- LSAs
- Lunchtime Supervisors

Staff training and support

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training. Training needs are assessed regularly and training will be accessed through HTLC.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

The child's role in managing their own medical needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

Managing medicines on school premises

At our school:



Supported and recommended by Hampshire
Healthy Schools Team



- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- no child will be given prescription or non-prescription medicines without their parent's written consent;
- we will never give medicine containing aspirin unless prescribed by a doctor;
- medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken;
- parents will be informed;
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours;
- we will only accept prescribed medicines if they are:
 - **in-date**
 - **labelled**
 - **provided in the original container as dispensed by a pharmacist**
 - **include instructions for administration, dosage and storage.** *(NB the exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container)*
- all medicines will be stored safely;
- children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips;
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps;
- *a child who has been 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. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.*
- school staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions;
- **We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted in school.**

Non-prescribed medicines

At our school we will administer non-prescription medicines that are provided by parents and have a completed consent/dosage form.

Record keeping

We will ensure that written records are kept of all medicines administered to children.

We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

Emergency procedures

Our school's policy sets out what should happen in an emergency situation.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives. This includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day trips, residential visits and sporting activities

We always actively support pupils with medical conditions to enable them to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

As a school we believe it to be unacceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or 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 individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;** or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and indemnity

Maintained schools and academies with a SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place.

Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

Complaints

If you have a complaint about how your child's medical condition is being supported in school, please contact the Executive Headteacher and the Chair of Governors in the first instance.

Emergency Asthma Inhalers

Since 2015, schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.