



## **Supporting Children with Medical Conditions and Managing Medicines**

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### Policy Checklist

Is the policy from a good/outstanding source?	✓
Does the policy reflect the good practice demonstrated in school?	✓
Has the policy been cross referenced with up-to-date guidance?	✓

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### Amendments:

January 2021 – Complete re-write.

March 2022 – Minor amendments.

January 2023 – Added Equal Opportunities and Unacceptable Practice.

September 2024 – Appendix B Allergies added.

## 1 Aims

### 1.1 At Mill Ford we will ensure that:

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

### 1.2 The governing board will implement this policy by:

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

### 1.3 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 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 Body

- 3.1.1 The governing body 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

#### 3.2.1 The headteacher will:

1. Make sure all staff are aware of this policy and understand their role in its implementation.
2. Ensure that there is a school nurse available to develop IHPs and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
3. training overall responsibility for the development of IHP's.
4. Ensure that all staff who need to know are aware of a child's condition.
5. Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
6. 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

- 3.3.1 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.
- 3.3.2 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. The training required will be identified within IHPs. Relevant healthcare professionals will lead on identifying the type and level of training required and will agree on this with the headteacher. Training will be kept up to date.
- 3.3.3 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/Carers

#### 3.4.1 Parents will:

1. Provide the school with sufficient and up-to-date information about their child's medical needs.
2. Be involved in the development and review of their child's IHP and may be involved in its drafting.

3. 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**

- 3.5.1 Their medication will be recorded in their individual health care plan. The health care plan will reference what will happen should a child who self-administers refuse to take their medication. (This will normally be informing the parent/carer at the earliest opportunity).

### **3.6 School nurses and other healthcare professionals**

- 3.6.1 The school nurse will develop IHPs and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- 3.6.2 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.

### **3.7 Equal Opportunities**

- 3.7.1 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.
- 3.7.2 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.
- 3.7.3 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.

### **3.8 Individual healthcare plans**

- 3.8.1 The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the school nurse.
- 3.8.2 Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- 3.8.3 Plans will be developed with the pupil's best interests in mind and will set out:
  1. What needs to be done.

2. When.
  3. By whom.
- 3.8.4 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.
- 3.8.5 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.
- 3.8.6 IHPs will be linked to, or become part of, any education, health and care (EHC) plan.
- 3.9.7 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 body and the school nurse will consider the following when deciding what information to record on IHPs:
1. The medical condition, its triggers, signs, symptoms and treatments.
  2. 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.
  3. Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed or rest periods.
  4. 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.
  5. 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.
  6. Who in the school needs to be aware of the pupil's condition and the support required.

7. Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
8. 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.
9. Where confidentiality issues are raised by the parent/carer/pupil, the designated individuals to be entrusted with information about the pupil's condition.
10. What to do in an emergency, including who to contact, and contingency arrangements.

## 4 Managing Medicines

- 4.1 Prescription and non-prescription medicines will only be administered at school:
  1. When it would be detrimental to the pupil's health or school attendance not to do so, **and**
  2. Where we have parents' or carers' written consent.
- 4.2 **The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**
- 4.3 Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- 4.4 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.
- 4.5 The school will only accept prescribed medicines that are:
  1. In-date.
  2. Labelled.
  3. Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.
- 4.6 The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.



- 4.7 All medicines are stored safely by the school nurse in her room which is locked at all times, but is accessible via a swipe card so staff who have been trained can access emergency medication in the absence of the school nurse.
- 4.8 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 and not locked away.
- 4.9 Medicines will be returned to parents to arrange for safe disposal when no longer required.
- 4.10 Sharps boxes are also kept in the school nurse's office, in a locked cupboard and are provided by parents/carers, who may obtain the boxes on prescription from the child's GP or paediatrician. The school nurse can also order the boxes from the Child Development Centre.

## 5 Controlled Drugs

- 5.1 [Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.
- 5.2 All controlled drugs are kept in a secure locked medical cabinet in the nurse's room and only named staff have access.
- 5.3 Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## 6 First Aid

- 6.1 First aid boxes are located throughout school and staff are trained in the administration of basic first aid. We recognise that pupils with medical conditions can often have accidents due to their conditions e.g. head bumps due to drop seizures.
- 6.2 In the event of a serious accident, the school nurse or named fully trained first aider is called to assess what medical treatment is needed; the nominated Senior in Charge SLT member will provide cover to calls in her absence.
- 6.3 Should a pupil have bumped their head as with all head bumps the school nurse will immediately carry out a physical examination, call parents/carers and send a head bump letter home. The school nurse, along with a member of the class team and the duty SLT member will decide if further medical input is needed, such as a visit to accident and emergency.

- 6.4 All first aid treatment and accidents are recorded by the school nurse or the person who carried out said first aid and a record is reported using CPOMS to the Headteacher, Governing Body and the Local Authority.
- 6.5 The Health and Safety Champion in each class is responsible for maintaining the supplies contained within the first aid boxes.

## **7 Unacceptable Practice**

- 7.1 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:
  - 1. Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
  - 2. Assume that every pupil with the same condition requires the same treatment.
  - 3. Ignore the views of the pupil or their parents.
  - 4. Ignore medical evidence or opinion (although this may be challenged).
  - 5. 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.
  - 6. If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
  - 7. Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
  - 8. Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
  - 9. Require parents/carers, 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.
  - 10. 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 .
  - 11. Administer, or ask pupils to administer, medicine in school toilets.

## **8 Record Keeping**

- 8.1 The Governing body will ensure that written records are kept of all medicine administered to pupils for as long as those pupils are at the school. Parents/carers will be informed if their child has been unwell at school.
- 8.2 IHPs are kept in a readily accessible place which all staff are aware of.
- 8.3 This policy will be available on the school's website for public view and all staff will be advised of the policy and how it is implemented at induction and on an annual basis.

## **9 Liability and Indemnity**

- 9.1 The Governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
- 9.2 Staff at the school are indemnified under the County Council self insurance arrangements. The County Council is self insured and have extended this self insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

## **10 Complaints**

- 10.1 Parents/carers with a complaint about 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/carers to the school's complaints procedure.

## Appendix A – Parental Agreement for school/setting to administer medicine

Name of School/Setting: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

\_\_\_\_\_

MEDICINE	
Name/type/quantity of medicine as described on the container:	
Date dispensed:	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions:	
Are there any side effects the school/setting need to know about?	
Self-administration:	Yes      No      (delete as appropriate)
Procedures to take in an emergency:	

CONTACT DETAILS	
Name:	
Daytime telephone number:	
Mobile number:	
Email (if appropriate as an emergency contact):	
Relationship to child:	
Address:	

I understand that I must deliver the medicine personally to \_\_\_\_\_  
(agreed member(s) of staff) and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Confirmation of the Headteacher's agreement to administer medicine.**

Name of school/setting: \_\_\_\_\_

It is agreed that \_\_\_\_\_ (name of child) will receive

\_\_\_\_\_ (quantity and name of medicine) every day at

\_\_\_\_\_ (time medicine to be administered eg lunchtime or afternoon break).

\_\_\_\_\_ (name of child) will be given/supervised whilst

he/she takes their medication by \_\_\_\_\_ (name of member(s) of staff).

This arrangement will continue until \_\_\_\_\_ (either end date of course of medicine or until instructed by parents/carers).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(The Headteacher/Head of Setting/Named member of staff).

The school/setting will make every effort to provide this service. Should any circumstances prevent the school/setting from doing so, the school/setting will inform the named contact at once so that alternative arrangements can be made by the parent/carer.

## Appendix B - Allergies

We acknowledge that it is impractical to enforce an allergen free school, However we encourage pupils and staff to avoid certain high risk foods to reduce the chances of someone experiencing a reaction.

These foods include:

1. Packaged nuts,
2. Cereal bars containing nuts
3. Peanut based spreads or sauces

The school maintains a register of pupils with AAls. The register includes known allergens and risk factors for anaphylaxis and what type and dose of AAI they have been prescribed.

As part of the whole- school awareness approach to allergies, all staff are trained in how to recognise the signs of anaphylaxis and how to respond appropriately. This is refreshed annually.

Designated members of staff are trained in the administration of AAI's. If a pupil has an allergic reaction, the staff member will follow the pupil's allergy action plan. This training is provided annually.

### Roles and Responsibilities

1. Leadership: The school will conduct a risk assessment for any pupil at risk of anaphylaxis.
2. Staff: Designated staff will be trained by the school nurse in administering AAls. All teaching and support staff are responsible for promoting and maintaining allergy awareness among pupils where appropriate to their cognitive understanding
3. Catering Staff: Catering staff are made aware of any child with a food allergy and will adapt their menu to suit these needs.
4. Families: Families are responsible to ensure school are provided with up-to-date details of their child's medical needs, dietary requirements and any history of allergies, reactions and anaphylaxis.

If required families are responsible for providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc and making sure these are replaced in a timely manner.