



Supporting Pupils with Medical Conditions at School Policy which includes Guidelines on the Administration of Medicine within School

Statement of intent

The governing board of Christ Church CE Primary has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'



- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- Complaints Procedures Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance Policy
- Admissions Policy

Key Roles & Responsibilities

Statutory Requirement: The Local Governing Board should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Local Governing Board is responsible for:

Making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The Local Governing Board will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Head of School is responsible for:

Ensuring that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Head of School will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Head of School has overall responsibility for the development of individual healthcare plans, although this may be delegated. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service in the case of any child 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.



Teachers and Support Staff are responsible for:

Any member of school staff may be asked to provide support to pupils with medical conditions. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The School Nurse is responsible for:

This school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They will not usually have an extensive role in ensuring that the school is taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The Local Governing Board will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents / carers. We offer a home visit to every child on entry to Reception and always ask about health needs at this appointment. All parents are asked about health needs on the registration/emergency contacts document (whether YR entry or mid-term transfer) and if a medical need is indicated but the parent has declined a home visit opportunity, an appointment will be made for the parent to come to school and tell the appropriate person more about the medical need.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care plans

Statutory Requirement: The Local Governing Board will ensure that the school's policy covers the role of Individual Healthcare Plans, and who is responsible for their development in supporting children at school with medical conditions.



We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an Individual Healthcare Plan it will be the responsibility of the Head of School or SENDCo to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Head of School and SENDCo will work in partnership with the parents/carer, and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need or disability identified in an Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that EHCP.

We will use the Individual Healthcare Plan template produced by the DfE to record the plan unless a health care plan is provided by the NHS or the child's parent which is of a similar format. (See appendix)

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Shropshire Council or the education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Statutory Requirement: The Local Governing Board should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

The SENDCO and/or teachers meet with parents on a termly basis as part of the Progress Review Meetings and plans will be reviewed as part of this process

Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, The Local Governing Board should consider the following:

- 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 eg crowded corridors, travel time between lessons;



- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. 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 Head of School for medication to be administered by a trained 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 child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- 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

Staff training

Statutory Requirement: The Local Governing Board should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

All new staff will be inducted on the policy when they join the school. Records of this training will be stored in the individual's personnel file.

All nominated staff will be provided with awareness training on the school's policy for supporting children with medical conditions and administering medicines in schools training, which will include what their role is in implementing the policy. This training will be carried out annually and certificates stored in the CPD folder on the school server.



We will retain evidence that staff have been provided the relevant awareness training on the policy by completing signature sheets.

Where required, we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

Details of training completed will be kept with First Aid training records to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The child's role

Statutory Requirement: The Local Governing Board will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare 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). However, in this setting, it is usual for children to be supported by a member of staff when taking their medication.

Managing medicines on School Premises

Statutory Requirement: The Local Governing Board will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Head of School is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carer's consent (a 'parental agreement for setting to administer medicines')



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form will be used to record this). Documented tracking system to record all medicines received in and out of the premises will be put in place.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head of School.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).



Storage

All medication other than emergency medication will be stored safely in a cabinet in the Office, where the hinges cannot be easily tampered with and cannot be easily removed from the premise. Controlled medication will be stored in a locked box.

Where medicines need to be refrigerated, they will be stored in a fridge in the staff room in a clearly labelled airtight container. No children have access to this refrigerator. There is a locked medicine box in the fridge for where controlled substances need to be stored.

Children will be made aware of where their medicines are at all times and how to access them where appropriate. They should know who to ask and who will be administering their medicine.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children in classrooms and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines.

Sharps boxes, if required, will be in place for the disposal of needles. Arrangements would need to be made for collection and disposal.

Medical Accommodation

The Meeting Room or School Office will be used for all medical administration/treatment purposes. The room will be made available when required.

Record keeping

Statutory Requirement: The Local Governing Board should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any



possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

Statutory Requirement: The Local Governing Board will ensure that the 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/off site activities

Statutory Requirement: The Local Governing Board should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other issues

- home-to-school transport – this is the responsibility of the local authority, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plan for pupils with life-threatening conditions.

Defibrillators – There is a defibrillator located in the school office which is checked at regular intervals by the office staff. There is an additional defibrillator at Cressage Village Hall, for community use. The School office have the code to enable it to be used.



Salbutamol Asthma Inhalers, for emergency use –school has two and one of these will be taken off site for every school trip.

Epi-pens are allowed to be prescribed to schools (not individuals) where a school has a child who has anaphylaxis. School has two spare epi-pens to use in an emergency, where a child's own medication is missing or ineffective.

Unacceptable practice

Statutory Requirement: The Local Governing Board will ensure that the school's policy is explicit about what practice is not acceptable.

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable 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 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 eg. by requiring parents to accompany the child.



Liability and Indemnity

Statutory Requirement: The Local Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Staff at the school are indemnified under the Shropshire Council insurance arrangements.

This indemnifies 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.

Complaints

Statutory Requirement: The Local Governing Board will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Head of School. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Head of School and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering consultants to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the child's individual health plan (IHP). Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Photo Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.



Pupils who have prescribed AAI devices, keep 1 AAI in their classroom in an emergency red grab bag and the second AAI is kept centrally in the school office in an unlocked cupboard.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAI's will only be administered by these staff members. In the event of anaphylaxis, a trained staff member who is nearest will administer AAI. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAI's, e.g. if the pupil needs restraining.

The school will always try to obtain a spare AAI, where possible, and keep a spare AAI for use in the event of an emergency, which will be checked on a **monthly** basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in **the school office**, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will always be contacted even if an AAI device has already been administered. In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

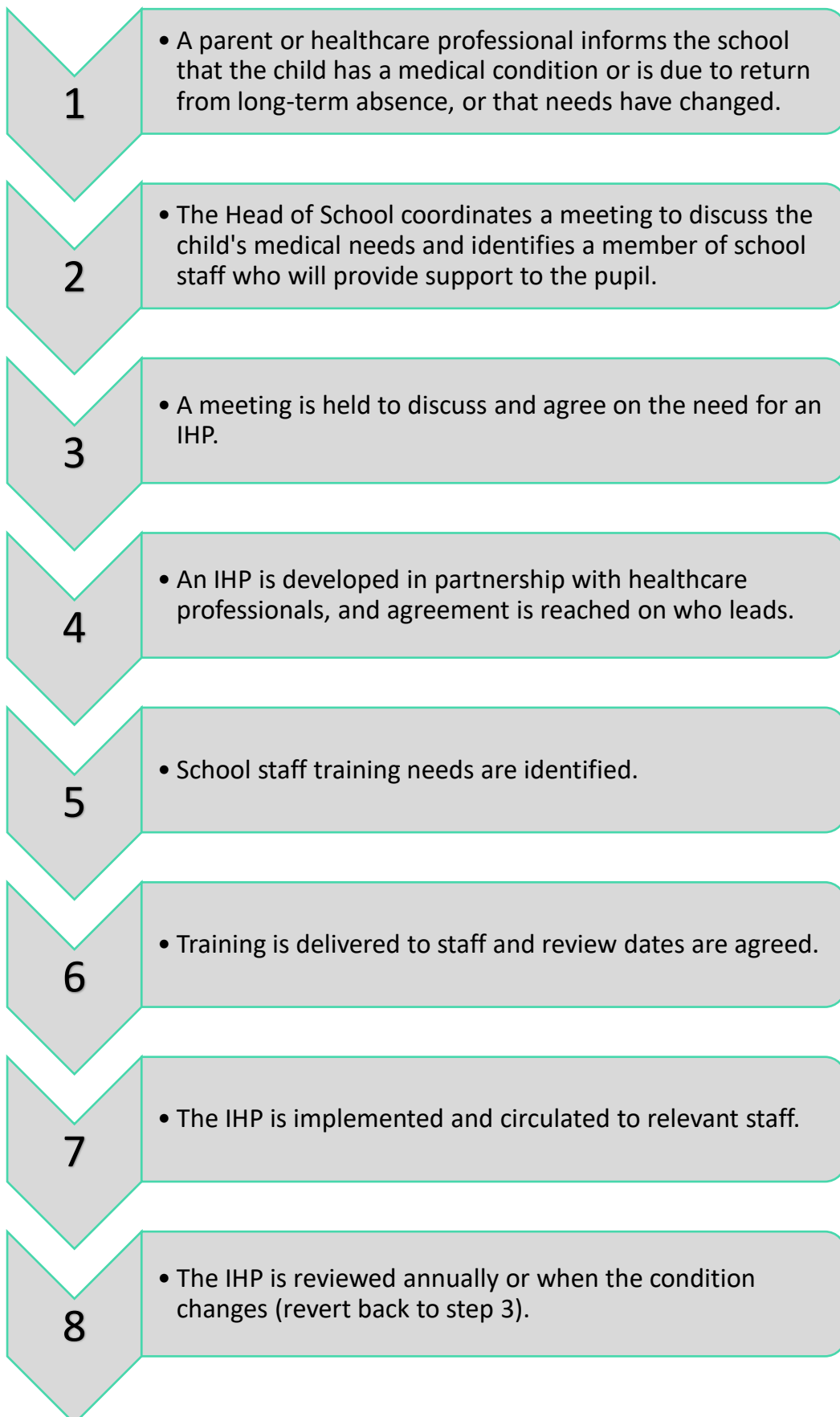
For children under the age of 6, a dose of 150 micrograms of adrenaline will be used. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used. AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Reviewed by Emma Clarke
September 2025



Individual Healthcare Plan Implementation Procedure





Individual Healthcare Plan (where NHS does not provide a proforma)

Pupil's details

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis of condition	
Date	
Review date	

**Family contact
Information**

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Hospital contact

Name	
Phone number	



Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?

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Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues

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Name of medication, dose and method of administration

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Daily care requirements

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Arrangements for school visits and trips

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Responsible person in an emergency, state if different for off-site activities

Plan developed with

Staff training needed or undertaken – who, what, when:



Parental Agreement for the School to Administer Medicine

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 pupil	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions and instructions	
Side effects	
Self-administration yes/no	
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name	
Telephone number	



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Relationship to pupil	
Address	
I will personally deliver the medicine to	<u>Name and position of staff member</u>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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

Date

Date and Time of Administration	
Dosage Given	
Name and Signature of Person Administering Medicine	

Date and Time of Administration	
Dosage Given	
Name and Signature of Person Administering Medicine	

Date and Time of Administration	
Dosage Given	
Name and Signature of Person Administering Medicine	