

# SUPPORTING STUDENTS WITH MEDICAL NEEDS POLICY

All Saints Church of England Primary  
School



Approved:	Date Sept 2025
Review date;	September 2026

Our All Saints family shall arise and shine for the light of The Lord is upon us.



## 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.
- This policy will be implemented by the staff at All Saints and the Governing Body by:
  - Making sure sufficient staff are suitably trained;
  - Making staff aware of pupils' conditions, where appropriate;
  - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions;
  - Providing supply teachers with appropriate information about the policy and relevant pupils;
  - Developing and monitoring individual healthcare plans (CPs); and
  - Ensure that we work with appropriate health professionals and parents.

## 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 bodies to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's (DfE) Statutory Guidance: Supporting Pupils at School with Medical Conditions.

## Definition of the Term 'Medical Condition' used in this Context

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Some children with medical conditions may be disabled. Where this is the case, the Governing Body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND Code of Practice and Local Offer.

Children with medical conditions (e.g. anaphylaxis, epilepsy, diabetes) all have individual health care plans (CPs), usually written in conjunction with the school nurse (if appropriate), the school SENCO and parents or carers. SLT have an overview of all systems in place for children with medical conditions.

The school will:

- Ensure that pupils with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Arrange for written permission from parents/carers for medication to be administered by a First Aider or self-administered by the pupils during school hours.
- Ensure that CPs are shared with all members of staff.
- Have arrangements in place for school trips or other school activities outside the normal school timetable that will ensure the pupil can participate (e.g. including individual children on risk assessments).
- Designate individuals to be entrusted with information about a pupil's condition where confidentiality issues are raised by the parent/child.
- Be clear about what to do in an emergency, including who 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 CP
- Make all staff working directly with pupils aware of the pupils in the school with medical conditions.
- Provide sufficient training for staff to meet the needs of pupils at the school with medical conditions.

At All Saints, we will work with the parents and medical professionals to ensure we have specific protocols in place as soon as a child with an identified medical condition starts school. This

may take the form of information sharing, developing specific care plans, organising training, employing new staff or re organising classroom facilities.

Training regarding specific conditions will be delivered as required. First aid training will continue to be under the guidance of the Health and Safety Policy. Pupils requiring continuous support for a medical condition will need a Care Plan.

It is important that parents or carers update the school if their child's condition or medication changes.

The school will review medication and care plans yearly with the parent to ensure that information is up to date and shared with class teachers. It is the parent's responsibility to make sure that all medicines are in date and to dispose of any that are out of date.

### **Care Plans**

The main purpose of a CP is to identify the level of support that is needed at school for an individual child. The CP clarifies for staff, parents/carers and the child the help the school can provide and receive. A CP will:

- Be clear and concise, giving brief details of the child's condition, including a photograph of the child.
- Be written in partnership with parents, child, healthcare professional (if appropriate) and key staff.
- Give details of what constitutes an emergency, what action to take and who to contact.
- Special requirements e.g. dietary needs, pre-activity precautions.
- Be reviewed annually or when there is a change in the condition of the child.
- Be easily accessible whilst preserving confidentiality. A copy is kept in the child's classroom, staffroom and the child's pupil record folder
- Outline educational provision if the pupil is unable to attend school.
- Contain details of the medical condition, its triggers, signs, symptoms and treatments.
- Include relevant SEN information.
- Provide details of 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, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons.

- Outline 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.
- State 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.

### **Expectations**

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of professionals.

It is expected that:

- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container and details included inside the container.
- Parents will ensure that medicines that are given in to school are in date and clearly labelled.
- Parents will co-operate in training their children to self-administer medicine if this is appropriate.
- Parents will co-operate in the writing of the original IHCP and subsequent reviews.

### **Management of Medication**

Pupils will not be able to carry any medication with the exception of epipens, inhalers for asthma control, or care plan-specified medication. No pupil is allowed to carry any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

### **Managing Medicines During the School Day**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do

so. Prescription medicines must be in date, labelled, in the original container including prescriber's instructions regarding administration, dosage and storage.

Parents should be encouraged to look at dose frequencies and timing so that if possible, medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which need only be administered once a day or provide two prescriptions – one for home use and one for school/setting use so that the medicine can be kept in the original containers when the illness is long-term.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

### **Prescription Medication**

- First aiders may administer such a drug to whom it has been prescribed, according to the instructions.
- Prescription drugs will be returned to the parents when no longer required. Parents are responsible for the disposal of any remaining prescription drugs (should be taken to pharmacist).
- Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

### **Recording**

When a parent requests administration of medication, they must complete a medication in school form which can be collected from the school office. Medication (other than epipens and asthma inhalers) are stored in the staff room. In the case of EYFS children, the medication is stored securely in the kitchen cupboard and administered by nursery staff in accordance with this policy.

When a child takes medication, the dose and the time are recorded. Younger children with spacers for their inhalers may need supervision by staff in order to ensure they are used appropriately.

When the administration of non-emergency medication is required, staff may exercise their voluntary right to not administer, this right may be selective on the grounds of the type of medication in question.

### **Epipens**

Epipens are stored in clear plastic boxes with the picture of the child on the outside and the care plan enclosed. Children are required to have their epipens in school, kept in a known place in the classroom. Parents/carers have the responsibility of checking whether the medication is in date. A register of pupils who have been prescribed an epipen is kept in the school office.

All first aiders receive training in the recognition and management of an allergic reaction/anaphylaxis. (See also [https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/33-anaphylaxis-and-severe-allergic-reaction#download\\_access](https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/33-anaphylaxis-and-severe-allergic-reaction#download_access)).

Details of children's triggers are given on their care plans. When a child starts at All Saints they are also given a form to complete for the school dinner providers detailing any food allergies.

### **Asthma Pumps**

Children with asthma should have easy access to their inhaler, which must be clearly marked with their name. Pumps are kept securely in their classroom clearly labelled. ▸

The only inhaler a child should have at school is their blue inhaler, which is the relief inhaler. Other inhalers are preventative and should be taken in the morning and the afternoon at home.

### **Type 1 Diabetes**

Children with Type 1 Diabetes will have a box of drinks and snacks that they should have easy access to in the event of low blood sugar (hypo). This will be kept in their classroom and have the child's name clearly marked on it.

### **Ritalin and Related Drugs**

Ritalin and other related drugs are controlled drugs and should be kept in a more secure environment than suggested above. Generally children are prescribed slow release Ritalin and do not need to take at school. If this is not the case, the drug will

be stored in the staff room. The -First Aider taking it out will need to do so with an observer who will check the number of tablets going out and ensure that the child takes the tablet. Both will sign the medication administration form.

### **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed immediately. If a refusal to take medicines results in an emergency, the school procedures should be followed.

### **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Sharps must be disposed in a safe manner, stored in the child's plastic box and the parents can dispose of any needles.

### **Managing Medicines on School Visits**

When arranging a school visit, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs will be encouraged to take part in residential visits. The visit leader will carry out a specific and additional risk assessment.

A first aider will take responsibility for medication, ensuring that it is stored securely during the time away, that it is administered according to the information provided by the parent and that a record is kept every time the medication is administered (as per medicine administration during a school day).

### **PE/Sports**

Any restriction to PE/sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum} and ensures equality of access for all)-

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **Self-Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and at All Saints we encourage them to do so. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, wherever possible, assume complete responsibility under the supervision of their parent. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry and administer (where appropriate) their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

As an inclusive school, we strive to ensure that children with medical conditions fully participate in school life. For more information, please refer to the DfE 'Supporting Pupils at School with Medical Conditions'.

### **Blood Spillage**

Any blood spillages should be dealt with in the appropriate manner. The member of staff dealing with the spillage should wear gloves and use the appropriate cleaning materials.

### **Roles and Responsibility**

#### **The Headteacher will:**

- Make sure all staff are aware of this policy and understand their role in its implication.

- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (CPs), including in contingency and emergency situation.
- Take overall responsibility for the development of CPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupils who have a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date and is safely stored.

### **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.

Staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will need to 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 with supervision responsibilities will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's CP and may be involved in its drafting.
- Sign off the finalised CPs
- Carry out any action they have agreed to as part of the implementation of the ICHP e.g. provide medicines and equipment.

### **Pupils**

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Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their CP. They are also expected to comply with their CP.

#### **School Nurses and Other Healthcare Professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, whenever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school nurse and notify them of any pupils identified as having a medical condition.

#### **Complaints**

Should any parent or carer be unhappy with any aspect of their child's care at All Saints, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem, then it should be taken to a member of the Senior Leadership Team. In the unlikely event of this not resolving the issue, the parent/carer can make a formal complaint using the school complaints procedure.

This policy will be monitored yearly and updated when necessary ensuring new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

This policy will also be made available to parents on the school website. It will be reviewed and refined at least annually or sooner if necessary.