Transform Trust

Supporting Pupils with Medical Conditions Policy

Amended for

Breadsall Hill Top Primary School

This Policy is in line with the schools Administration of Medication Policy

Review frequency: Annual – August 2025
Update – September 2025 New appointment of Headteacher
Medical First Aid Lead - Mr. Ryan Madeley

Review date: August 2026

Summary

This Policy contains both statutory and non-statutory advice. We expect our schools to give due regard to this Policy when carrying out their duties to make arrangements to support pupils at school with medical conditions. This Policy also applies to activities taking place off-site as part of normal educational activities.

Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2

Introduction

On 1 September 2014 a new duty came into force for Trusts and Governing Bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in this document is intended to help our Local Governing Bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case our Local Governing Bodies must comply with their duties under

that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan 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 Special educational needs and disability (SEND) code of practice (https://www.gov.uk/government/publications/send-code-of-practice-0-to-25).

The Special educational needs and disability code of practice explains the duties of schools to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this Policy with respect to those children.

Aims of this Policy

This Policy aims to ensure that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Local Governing Bodies must ensure that arrangements are in place in schools to support pupils with medical conditions.
- Local Governing Bodies should ensure that school leaders consult health and social care professional, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The Local Governing Body will implement this Trust Policy by:

- Making sure they are meeting the duty to make arrangements to support pupils with medical conditions.
- Taking into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others.
- Ensuring the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Ensuring that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care.
- Ensuring that staff are properly trained to provide the support that pupils need.

The named person with responsibility for implementing this Policy is: Mr Ryan Madeley

Legislation and Statutory Responsibilities

This Policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on Trust and Local Governing bodies to make arrangements for supporting pupils at their school with medical conditions.

In meeting this duty, the Trust and Local Governing Bodies must have regard to the guidance issued by the Secretary of State (Department for Education's statutory guidance: Supporting pupils at school with medical conditions).

This Policy also complies with the Transform Trust's Funding Agreement and Articles of Association.

Roles and Responsibilities

1. **Transform Trust – Board of Trustees**

   The Board of Trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the Trust. The Trustees have delegated this function to the individual Local Governing Bodies as part of their Scheme of Delegation. However, Trustees remain accountable for making sure the Trust is compliant with legislation.

2. **Chief Executive Officer**

   The CEO will highlight any issues found across Schools and the Trust to the Board of Trustees.

3. **The Local Governing Body**

   The Local Governing Body will:

   - Ensure the school has arrangements to support pupils with medical conditions.
   - Ensure that the school's policy clearly identified the roles and responsibilities of all those involved in the arrangements they make and set out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
   - Ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
   - Ensure that their policy and procedures are readily accessible to parents and school staff.
   - Ensure the development and monitoring of individual healthcare plans in supporting pupils with medical conditions; and ensure that 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 assess and manages risks to the child's education, health and social wellbeing, and minimises disruption.

4. **The Headteacher**

   The Headteacher will:

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

- Ensure 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.
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Ensuring that staff are aware of a pupil's condition, where appropriate and ensuring there are cover arrangements to ensure that someone is always available to support pupils with medical conditions.
- Ensuring that Supply Teachers are provided with appropriate information about the policy and relevant pupils where appropriate.
- Contact the school nursing service 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.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

5. **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 (and Supply 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.

6. **Parents/Carers**

Parents/Carers 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 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.

7. **Pupils**
   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 IHPs. They are also expected to comply with their IHPs.

8. **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, wherever possible.

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

Equal Opportunities

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.

We 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.

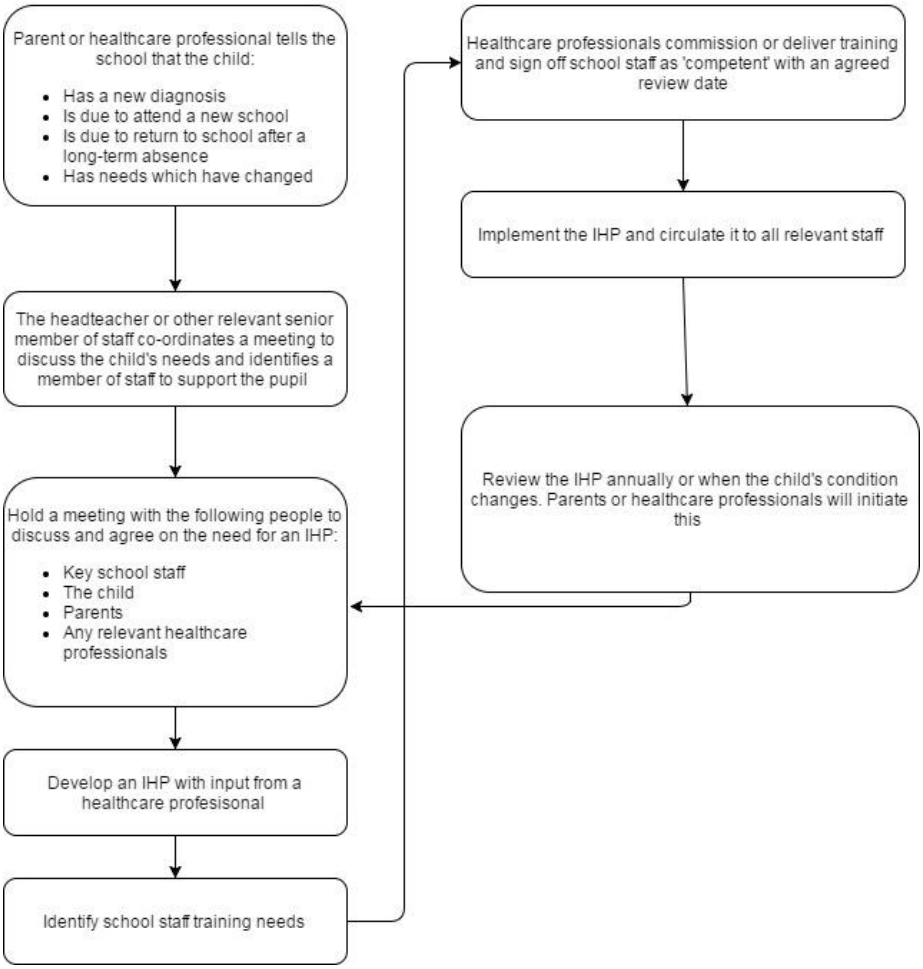
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Being Notified that a Child has a Medical Condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

We will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Process: deciding if an IHP is required



Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to: **Mr Ryan Madeley**

Plans will be reviewed at least annually or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

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 not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Local Governing Body will ensure that person with responsibility for developing IHPs **Mr Ryan Madeley** will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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.
- 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.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

Managing Medicines

Prescription [and non-prescription] medicines will only be administered at school:

Commented [JW3]: Remove if appropriate

- Where staff have been appropriately trained (updated to reflect requirements within the IHP).
- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

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.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Emergency Inhalers and Adrenaline Auto-Injector (AAI) (e.g. Epi-Pens)

The school *has* made provision for emergency inhalers to be made available to pupils.

Commented [JW4]: Delete as appropriate

The school *has not* made provision for emergency AAI to be made available to pupils.

Commented [JW5]: Delete as appropriate

Parents/carers of pupils that have been diagnosed with asthmas and prescribed an inhaler or prescribed a reliever inhaler have been specifically asked whether they give permission for their child to have access to the school's emergency inhaler in an emergency situation.

The school may administer the "spare" AAI obtained, without prescription, for use in emergencies to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the AAI has been provided.

All medicines will be stored safely. 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.

Medicines will be returned to parents to arrange for safe disposal when no longer required. If parents/carers do not pick up out of date medication, this will be taken to a local pharmacy for safe disposal.

Covid-19 and other transmissible viruses

Personal Protection Equipment (PPE)

Appropriate PPE (masks, gloves and aprons) will be available to staff who administer any medication to pupils to minimise the risk of transmission of any infectious viruses or diseases. Medication will be administered in line with the school's risk assessment at that point in time.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as inhalers.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Please also refer to the school's Drugs Awareness Policy.

Commented [JW6]: Remove this statement if appropriate.

Pupils Managing Their Own Needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Unacceptable practice

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:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- 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 IHPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils 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 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.
- 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.
- Administer, or ask pupils to administer, medicine in school toilets.

Emergency Procedures

As part of general risk management processes, the school should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do (see Template E).

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance. The school needs to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

Defibrillator

Commented [JW7]: Remove this whole section if you do not have a defibrillator

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

The school has installed a defibrillator and we have not notified the local NHS ambulance service of its location. Breadsall Hill Top Primary school are in close proximity to 2 defibrillators. Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike.

Staff Training and Support

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
- Fulfil the requirements in the IHPs.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Record keeping

The Local Governing Body will ensure that the school maintains written records and that these are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

Liability and indemnity

The Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The Trust is a member of the Department for Education's risk protection arrangement (RPA).

Complaints

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 to the school's complaints procedure.

Monitoring Arrangements

This policy will be reviewed and approved by the Local Governing Body every 3 years.

Links to other Policies

This Policy links to the following policies:

- Accessibility plan
- Complaints
- Equality
- First Aid
- Health and Safety
- Safeguarding/Child Protection
- Special Education Needs and Disability Information Report and Policy.

Templates

A. Individual Healthcare Plan

B. Parental Agreement for setting to Administer Medicine

C. Record of Medicine Administered to an Individual Child

D. Record of Medicine Administered to all Children

E. Staff Training Record – Administration of Medicines

F. Contacting Emergency Services

G. Model letter inviting Parents/Carers to contribute to IHP Development

Template A: Individual Healthcare Plan

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: Parental Agreement for setting to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Template C: Record of Medicine Administered to an Individual Child

Name of school	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: Record of Medicine Administered to all Children

Name of school

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: Staff Training Record – Administration of Medicines

Name of school	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that *[insert name of staff]* has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated *[insert name of staff]*.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: 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.
2. Your name.
3. Your location as follows [insert school address].
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 site.
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.
8. Put a completed copy of this form by the phone.

Template G: Model Letter inviting Parents/Carers to contribute to Individual Healthcare Plan Development

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled *for xx/xx/xx.* I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve: *[insert]*. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I would be happy for you to contact me by email or to speak by phone if this would be helpful.

Yours sincerely