Supporting Pupils with Medical Conditions Policy

Ashley Junior School

Headteacher	Mrs C Bartolomeo
Date due for renewal	September 2027
Updated	September 2026

Reviewed	Reviewed by	Next review date	Summary of revisions
Oct 2026	FGB	Oct 2027	Benedict's Law- Page 6

Introduction:

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with DfE guidance. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles & Responsibilities:

Governing Body:
The Governing Body will make necessary arrangements to support pupils with medical conditions, including ensuring that this policy is developed and implemented. They will ensure that a pupil with a medical condition is supported to enable the fullest participation possible in all aspects of school life.

The Governing Body 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.

Headteacher:
The Headteacher will ensure that this 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 Headteacher will also ensure that all staff that need to know are aware of the child's condition. They will ensure that sufficiently trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

Teachers and Support Staff:
Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. 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.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

School Link Nurse:
The 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. This will ideally be before the child starts at school. Whilst the School Link Nurse will not usually have an extensive role in ensuring AJS is taking appropriate steps to support children with medical conditions, they may support staff on implementing a child's individual healthcare plan and provide advice and liaison e.g. on training.

Individual Healthcare Plans:
Where a child's condition is serious enough to require an individual healthcare plan it will be the responsibility of the SENCO, Family Link Worker and Administrative Officer to draw this up, working closely with the family and any relevant healthcare professionals.

Identifying children with health conditions:

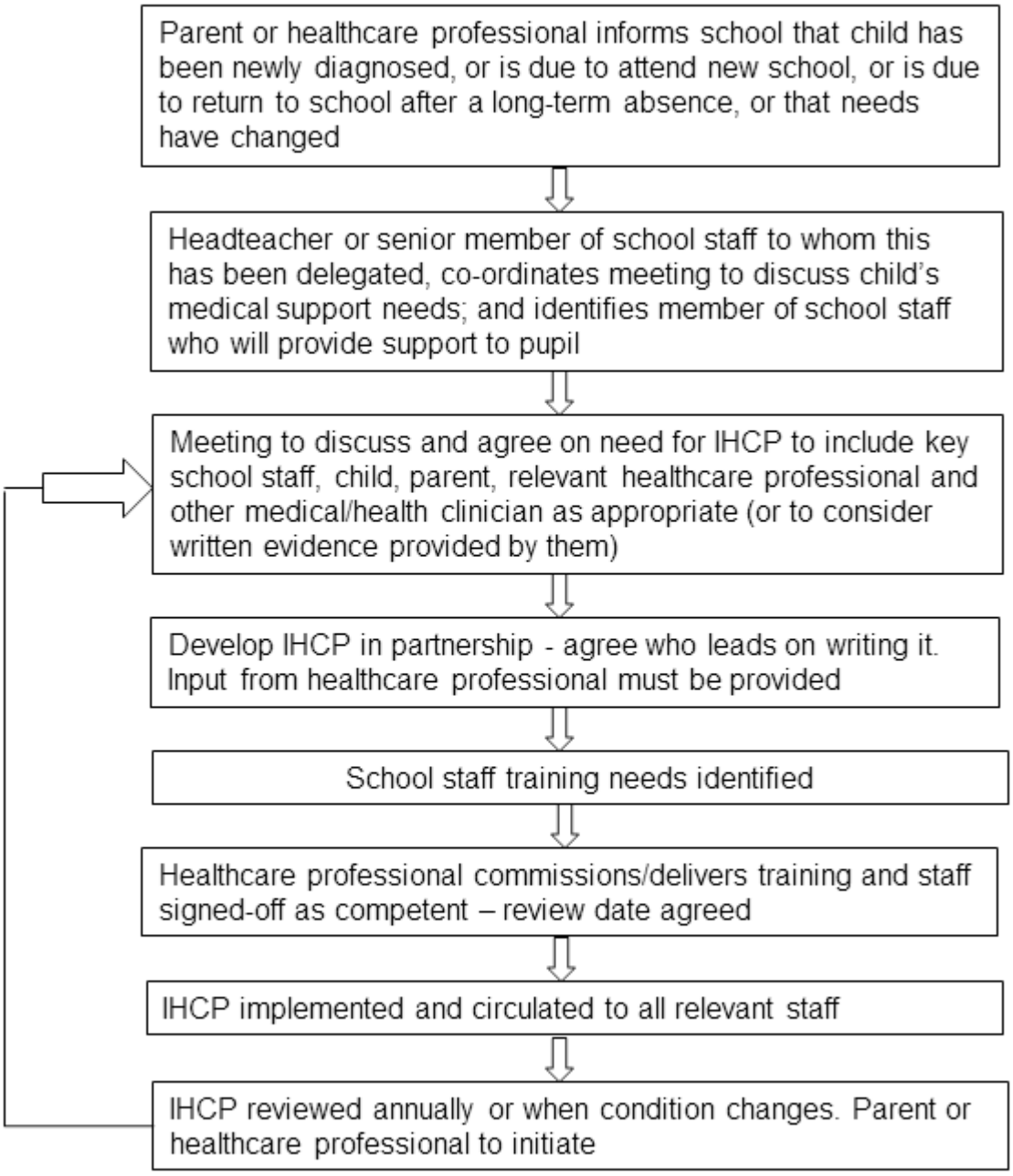
We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers, previous schools and healthcare professionals. We will send home to each new child the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school so we can support them accordingly.

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:

We recognise that Individual Healthcare Plans are recommended in circumstances where conditions fluctuate, or where there is a high risk that emergency intervention will be needed, or where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professionals and parents will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.



This flow chart is produced by the DfE and we will use it as our model - [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf]

Where children require an Individual Healthcare Plan it will be the responsibility of the SENCO, Family Liaison Worker and Administrative Officer 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 school will work in partnership with the parents/carer and relevant healthcare professionals e.g. school or specialist nursing team, consultant or GP, 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 identified in a statement or Educational Health Care (EHC) plan, the Individual Healthcare Plan will be linked to, or become part of, that statement or EHC plan.

Individual Healthcare Plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans will be developed with the child's best interests in mind and will help ensure that the school assesses and manages the risks to the child's education, health and social well-being.

Asthma plans:

Where children have been diagnosed with Asthma and need to have an inhaler / spacer in school we will require the completion of an Asthma Care Plan. This should be completed by the parent in liaison with the child / healthcare professional. The child needs to be aware of the contents of their Asthma Plan, a copy of which will be kept in the School Office and with their inhaler which will be kept in the green medical bag in the classroom. Asthma plans will need to be updated annually or earlier if the child's needs change.

Staff training:

Government guidance to be followed:

DFE https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

SSS training platform provides a course Administration of Medication in Education setting. This is completed annually by office and LSA staff. Other staff members who have completed this course are those who have attended residential trips. Recommendation revalidation after 1 year. All staff and volunteers receive training on Benedict's Law and are required to read, understand, and adhere to the Allergy Policy.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training. This record is stored on the SSS training platform.

Any member of school staff providing support to a child with medical needs will receive suitable training to meet that child's needs. Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans).

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required to support a child and will identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident 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 fulfill 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 professionals delivering the training.

All staff will receive awareness training as part of their induction to the school and will be required to familiarise themselves with this policy.

Awareness raising:

As a school we recognise the valuable role a peer group can play in supporting a child with medical conditions. In liaison with parents we will ensure that children are made aware of the nature of the child's medical condition and what they can do to help and support their friend – for example knowing how to call for help if they see that their friend is having a fit.

The child's role:

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).

The parent / carer's role:

The administration of medicines is the overall responsibility of the parent / carer and they have a vital role to play in communicating their child's needs to the school. When joining the school all parents / carers will be asked to complete a health questionnaire for their child, but it is the parent's duty to inform the school immediately if their child's health needs change at any point during their time at AJS.

Parents / carers also have a vital role to play in agreeing the details of their child's healthcare plan and ensuring their child always has appropriate and in-date medication in school.

It must be noted, however, that the school will always need to see medical evidence of a health condition that requires regular, ongoing medication in school and that we will liaise closely with the relevant healthcare professionals.

It is the parent / carer's responsibility to dispose of all out of date or no longer needed medication.

Storage of medicines:

We recognise the importance of having medication easily accessible and readily available to children, but we also recognise the need to balance this with children's safety in a primary school environment.

Controlled drugs:
As required by law, all controlled drugs, such as those used in the treatment of ADHD, will be kept in a fixed, locked cabinet in the Finance Office. Named key holders are listed on the cupboard. Controlled drugs will need to be signed in and signed out. We will retain a log of how much controlled medication is on site and maintain a running total.

Asthma inhalers:
All children with asthma inhalers will be encouraged to carry their own inhaler on them when in school and be responsible for self-administering their medication. This is in line with statutory guidelines that stress the importance of preparing children for the independence required at secondary school. There will be an emergency inhaler / spacer held in the School Office (see section below).

Adrenaline Auto injectors and other emergency medication:
All children who require life-saving medication in school such as an Epipen or Buccolam will need to have two instances of the medication in school at all times (e.g. two Epipens). Both pens are kept in the school office (in the emergency bag) - one is not kept in the class medical bag. This due to the safety of medication, consistency in location and size of school site. However, this would depend on the individual and their health care plan/advice.

Diabetic insulin:
Agreement will be reached between parents / carers, school staff and medical professionals for the storage of equipment for a child with diabetes. If it is agreed that the child can self-administer, the individual healthcare plan will be followed. If, however, it is agreed that school staff must supervise the medication it will be stored in the medical cupboard in the School Office, where it will be accessible at all times.

Again the blood metre, insulin etc. will need to travel with the child or if they are off-site for any time.

Other medication - antibiotics / paracetamol etc:
All other non-emergency medication will be stored in the medical cupboard in the School Office. If refrigerated storage is required (for example for antibiotics) the medication will be stored in the medication fridge located in the office. Children will be made aware that this is where their medication is stored and it will be accessible at all times. All medication will be named.

Day trips/off site activities:

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 with any 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 take advice from the relevant healthcare professional to ensure that pupils can participate safely.

If there is someone on a school trip with a medical condition the school will ensure there is an adult on the trip who is trained to meet their medical needs. All medication (inhalers, Adrenaline auto injector etc.) will be taken with the child anytime they are taken off-site.

What medication can be given in school?

The administration of medicines is the overall responsibility of the parents/carers. Wherever clinically possible we encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours (if, for example, the antibiotics are 3 times a day a dose can be given at breakfast, another at the end of school and another before bed). However, we wish to ensure 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.

'Homely remedies': 'Homely' remedies are items that you might have in your bathroom cabinet at home, such as paracetamol, or moisturising cream. These can be self-administered in school on a short-term basis under the following terms:

- The medication must be in its original, clearly identifiable packaging which includes dosage instructions.
- We must have written permission from the parent / carer; we cannot administer medication on verbal permission alone. This written permission must be given on the relevant permission form (obtainable from the School Office or on the School Website) and must include dosage instructions.
- We will not administer any paracetamol etc. before 1pm unless we can confirm with the parent / carer what medication they have already taken that day.

- We will always phone / text the parent / carer to advise them medication has been given.
- We will not administer paracetamol or other pain killers for more than a week. If the parent / carer wishes the medication to go on longer than this we will need to see a letter from the child's GP / healthcare professional confirming the dose to be given.

We will never administer aspirin, or medicine containing Ibuprofen, to any child under 16 years old unless prescribed by a doctor. Homeopathic remedies will only be administered with a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

Prescribed medicines:
We will only accept prescribed medicines that are in date, labelled with the prescription label, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage. These details will be checked and if details are incorrect (such as the name, or date) then we will not be able to administer the medication.

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.

As with homely remedies we cannot administer prescribed medication without the written consent of the parent / carer.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the Individual Healthcare Plan (if one exists). Parents will be informed so that alternative options can be considered.

Record keeping:

Each child who takes medication in school, will have a "permission to administer medicine consent form", completed and signed by the parent/carer. This document is stored on Arbor when medication is administered records are kept, detailing what has been administered, including how much, when and by whom.

Where a child self-administers an asthma inhaler a record will not be kept. Where children come to the School Office to use their inhaler a record of usage will be kept. Please note, this would normally be in the class witnessed by the LSA.

Emergency Procedures:

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 parent arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Disposal of medication:

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.

Sharp boxes, if required, will be provided by the individual pupils Health Care provider.

Unacceptable practice:

Staff are expected to use their discretion and judge each child's Individual Healthcare Plan on its merits, however, in line with DfE guidance, we confirm that it isn't 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.
- prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

Liability and Indemnity:

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and they 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.

Complaints:

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

Further information
DfE Supporting pupils at school with medical conditions (Last updated August 2017) https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Further information and useful forms and links can be found on our school website – http://ashleyjuniorschool.co.uk/

Appendix - Other issues:

County home - school transport:

This is the responsibility of local authorities, 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. It is the duty of the parent / carer to inform the transport provider of their child's healthcare needs and to ensure any emergency medication is in place if needed.

Salbutamol Asthma inhalers for emergency use:

From 1st October 2014 the Human Medicines Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies. This can be used for any pupil with asthma, who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (e.g. because it is broken or empty).

Please note this inhaler can only be used by children who have already been prescribed a reliever inhaler and whose parents have signed the emergency inhaler permission form. It is designed as an emergency back-up and is not meant to replace the child's own inhaler.

The school will hold Arbor records of children who have been diagnosed with asthma or prescribed a reliever inhaler. A copy will be kept with the emergency inhaler. We will ensure we hold written parental consent for the use of the emergency inhaler. The emergency inhaler will only be used by children with asthma with written parental consent for its use.

The school will ensure appropriate support and training for staff in the use of the emergency inhaler in line with our wider policy on supporting pupils with medical conditions.

We will keep a record of the use of the emergency inhaler and inform parents or carers that their child has used the emergency inhaler. This should include where and when the attack took place (e.g. P.E. lesson, playground, classroom), how much medication was given, and by whom.

The emergency inhaler will need to be used in conjunction with a disposable spacer (supplied by the school). The spacer is thrown away after each use, but the inhaler can be used again by a different child as it will not have come into direct contact with any child.

The emergency inhaler and spacers will be kept separately from any child's inhaler and the emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler.

For more information please refer to: Guidance on the use of emergency salbutamol inhalers in schools (Sept '14)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf