Supporting Children with Medical Conditions Policy

St Margaret's CEVAP School

Approved by:	FGB
Date Approved:	May 2026
Date for Review:	Summer 2027

Introduction

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

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

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

The governing board will implement this policy 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 (IHPs)

Intent

St Margaret's CEVA Primary School is an inclusive community that welcomes and supports pupils with medical conditions. We understand that children can suffer from long term, short term, chronic and acute illnesses and will provide for all pupils without exception or discrimination. This includes both physical and mental health conditions.

St Margaret's CEVA Primary School provides all children with any medical condition the same opportunities as others at school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential.

We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution

Roles and responsibilities

This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

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
- Ensure that all staff who need to know are aware of a child's condition

- 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
- 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

Staff

St Margaret's CEVAP School will make sure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. All staff are first aid trained.

All staff understand the medical conditions that affect children at this school. This school ensures staff receive appropriate first aid training and have easy access to first aid equipment. The main first aid boxes are located in the cupboard in the music room. All classrooms have a basic first aid kit and full, portable first aid kits are taken on any off-site visits. Please see First aid policy

St Margaret's CEVA Primary school ensures this policy is applied across the curriculum, including PE, swimming and Educational Visits. This also includes clubs run by non-school staff.

The member of school staff responsible for this medical conditions policy, including the administering of medicines and first aid and its implementation is the Special Education Needs Coordinator (SENDCo).

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 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, and ensure they or another nominated adult are contactable at all times
- Ensure that the medication is collected at the end of each day and not just put in the child's book bag
- Make arrangements with Afterschool club, if their child attends with regards to medication being collected at the end of the school day

School nurse

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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

Individual healthcare plan (IHP)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCO. 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 no 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. Any child requiring Intimate Care will have a plan devised to meet their specific need.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body and headteacher/SENCO 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

Where possible, unless advised it would be detrimental to health or school attendance, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours. Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent.

If a child is prescribed medication where it must be administered within the school day, we recommend the parent administering this at school at the appropriate time. If this is not possible, the parent must discuss with the class teacher and the administering medication in school form completed. The child will administer the medication, if possible, if not, an appropriate adult in

attendance will do so. An additional adult will also need to be present for any administering of medication.

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

At the discretion of the Headteacher or during school trips non-prescription medicines may be given with parental written consent. 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.

All medicines will be stored safely. If medication needs to be kept cold, the staffroom fridge will be used for storage. 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 (EpiPen) will always be readily available to pupils and not locked away. They are kept in a safe in the child's classroom to which all staff have access at all times, but which is out of the reach and sight of children.

Medicines will be returned to parents to arrange for safe disposal when no longer required. We will dispose of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

Controlled drugs

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

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.

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 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

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.

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.

Training
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 the headteacher / SENCO. 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 governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. 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 Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

Supporting children with health needs who cannot attend school

The responsibilities of the school

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

- The Headteacher will be responsible for identifying pupils who cannot attend school due to health needs
- Arrangements will be put in place which may include sending work home, liaising with the hospital school, providing online learning or other appropriate platforms
- Parents will be consulted at every stage of this program
- The pupil will be reintegrated, in discussion with the parents, using various strategies that would make the pupil feel comfortable and lessen any anxiety. This may be a mixture of a phased return, a named adult to support, access to nurture groups, a part time timetable or another identified strategy.

The school will contact the Local Authority

If support is required, the school will contact the Local Authority to assist with provision. This would be in the case that the school is, for whatever reason, unable to provide a suitable education.

Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher / SENCO in the first instance. If they 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 governing board every 2 years.

Admission Arrangements

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission (see School Admissions Code 2012) or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governors do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Appendix A

Request for the school to administer Prescription Medication

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Please read and sign the disclaimer below:

LEGAL DISLAIMER

I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority, the Governing Body, or Suffolk County Council, as the case may be.

Signature: Date:

Relationship to pupil:

DETAILS OF PUPIL

Surname:…….

Forename(s):…….

Address: ……

……..

……..

Condition or illness: …….

……..

M/F: ……

Date of Birth …….

Class/Form ……..

CONTACT DETAILS

Name of Parent/Carer: ……

Relationship to pupil: ……

Address: ……..

……

Daytime Phone No:

…….

…….

PTO

MEDICATION

Name/Type of Medication
(as described on the container) ……

Date Dispensed: …….

Full Directions for use: …….

Dosage and method: …….

Timing: …….

Special precautions …….

Side Effects: …….

Self-Administration: …….

Procedures to take in an Emergency: …….

My child's doctor has prescribed the above medication. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service which the school is not obliged to undertake.

Signature:……. Date: ……..

Relationship to pupil: ……..

Record of medication administered in School

Date	Pupil's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff	Print Name

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

D D M M Y Y

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

D D M M Y Y

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30–60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

9am – 5pm, Mon – Fri

www.asthma.org.uk

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My asthma triggers:

List the things that make your asthma worse and what you can do to help

Always keep your reliever inhaler (usually blue) and your spacer with you.

You might need them if your asthma gets worse.



I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents – get the most from your child's action plan

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with school

Learn more about what to do during an asthma attack
www.asthma.org.uk/advice/asthma-attack/

Questions? Ask Asthma UK's nurses:

Call on
0300 222 5800 (9am-5pm Mon-Fri)

Or message on WhatsApp
07378 606 728 (9am-5pm; Mon-Fri)

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My Asthma Plan



My Asthma Plan

1 My usual asthma medicines

- My preventer inhaler is called _____ _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day: _____ _____
- My reliever inhaler is called _____ _____ and its colour is _____. I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.



2 My asthma is getting worse if...

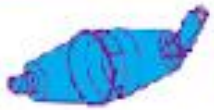
- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than _____, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse urgently if I don't feel better within 24 hours



URGENT! If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take **emergency action now (see section 3)**



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

_____

_____

_____

_____

_____

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than _____

If I have an asthma attack, I will:

- **Call for help**
- **Sit up** – don't lie down. Try to be calm.
- Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.
- **If I don't have my blue inhaler, or it's not helping,** I need to call **999** straightaway.
- While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse **today.**