

# Spires Federation

## Policy

OPENING  
DOORS



OPENING  
MINDS

## Supporting Pupils with Medical Conditions Policy

Date : February 2025

Review Date: February 2026

## 1. 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

The governing body 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)

**The named person with responsibility for implementing this policy is the Executive Headteacher.**

## 2. 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 boards to make arrangements for supporting pupils at their school with medical conditions.

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

## 3. Roles and responsibilities

### 3.1 The Executive Headteacher

The Executive 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 federation staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service (where applicable) 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 individual school.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **3.2 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 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.

### **3.3 Parents**

Parents will:

- Provide the individual 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

### **3.4 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.

### **3.5 Healthcare professionals**

Healthcare professionals will liaise with parents and notify the individual 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 and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

#### **4. Equal opportunities**

Our federation 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.

The federation 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. Details of these are included on pupil's individual healthcare plans.

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.

#### **5. 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.

The school 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.

See Appendix 1.

#### **6. Individual healthcare plans**

The Executive Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Deputy Headteacher/Senior Federation Lead/SENCo where applicable.

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 Executive 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 paediatrician, 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 education, health and care (EHC) plan. If a pupil has SEN but does not have an 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 Governing Body and Deputy Headteachers/Senior Federation Lead/SENCo with responsibility for developing IHPs, 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 individual school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Deputy 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

**All IHPs should be stored digitally on the pupil's ScholarPack and a printed copy within the Medical Folder in The School Office.**

## 7. Managing medicines

Prescription and non-prescription medicines will only be administered at school and all administration should be recorded. (See Appendix 2 for Parental Agreement form and Appendix 3 for Record Keeping Form):

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

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.

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.

### 7.1 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.

### 7.2 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.

### **7.3 Children with Asthma**

Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place. These will be kept in the classroom. Depending on the needs of the individual, inhalers should be taken to all physical activities. Children may carry their own inhalers, where appropriate. Inhalers must be labelled and include guidelines on administration.

**All pupils with asthma should have a School Asthma Card (Appendix 4). This is to be completed by the parent/carer and updated annually. The Card should be stored in the Medical Folder in The School Office and a copy with the inhaler.**

**It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.**

**An emergency inhaler is held in school. It is kept in the following locations:**

**Digby:** *in the medication tub which is stored in the office storage cupboard.*

**Dunston:** *in the front office cupboard in the medicines box.*

**Nocton:** *in the front office in the medicines box.*

### **7.3 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

## 8. Emergency procedures

Staff will follow the individual 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.

## 9. 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 Deputy Headteacher/Senior Federation Lead/SENCo where appropriate.

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.

## **10. 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.

## **11. 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.

The details of the school's insurance policy are:

[Lincolnshire County Council Insurance](#)

## **12. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the Deputy Headteacher in the first instance. If the Deputy Headteacher cannot resolve the matter, they will direct parents to Executive Headteacher in the first instance and then the school's complaints procedure.

## **13. Monitoring arrangements**

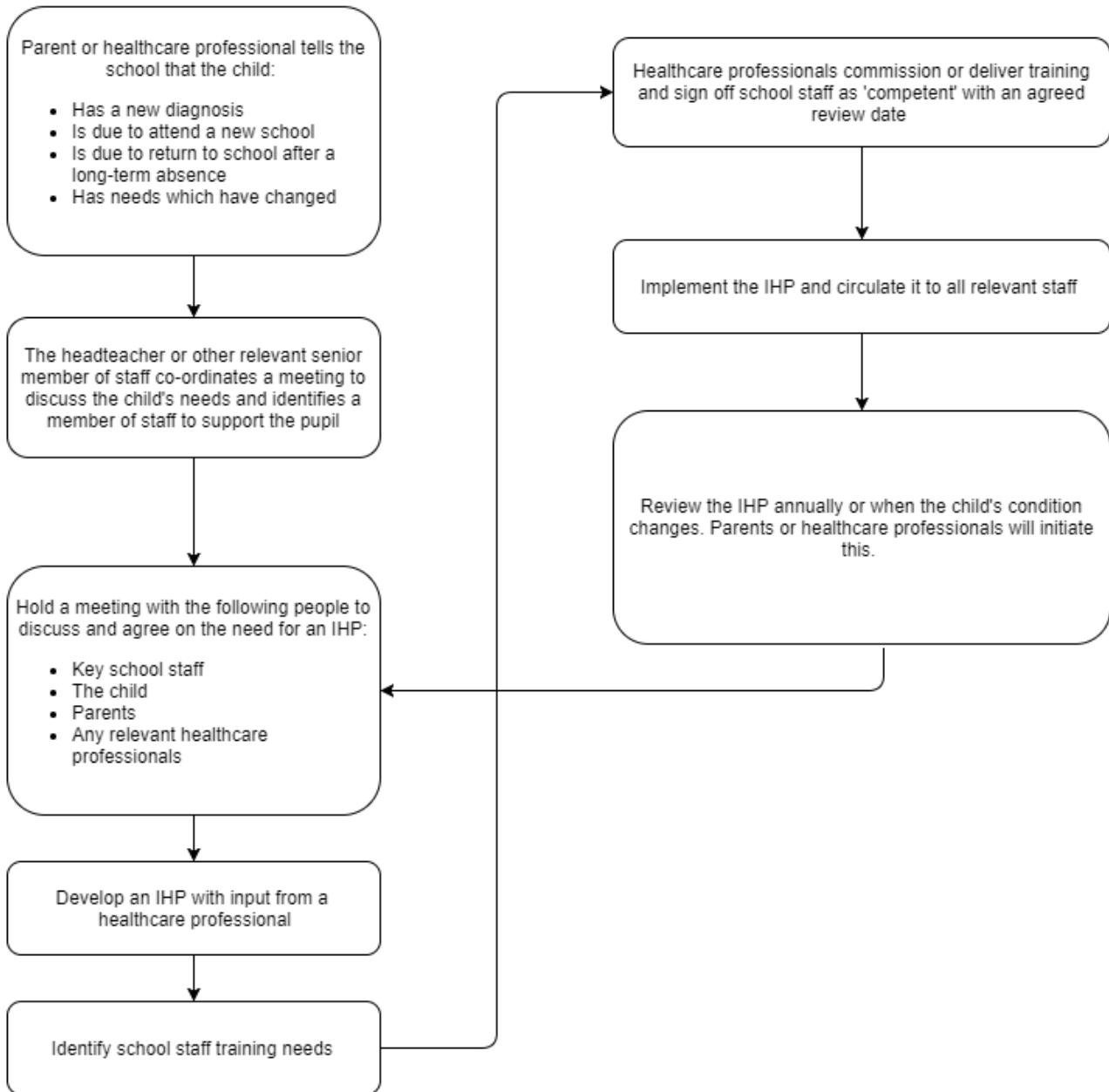
This policy will be reviewed and approved by the Governing Body annually.

## **14. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

## Appendix 1: Being notified a child has a medical condition





Procedures to take in an emergency

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

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school 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) \_\_\_\_\_ (parent/carer) Date \_\_\_\_\_

**Appendix 3: Record of Medicines Administered**

Quantity received

Does medicine name, dose and pupil name match the details provided by the parent/carer? Yes / No

Is the medication to be kept in the fridge? Yes / No


Staff signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

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Quantity returned to parent/carer

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Returned to (print name)

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**NB: Medicines must never be sent home via a pupil.**

Signature of parent \_\_\_\_\_ Date: \_\_\_\_\_

Signature of staff \_\_\_\_\_ Date: \_\_\_\_\_

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	Staff 1	Staff 2	Staff 1	Staff 2
Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

	Staff 1	Staff 2	Staff 1	Staff 2
Date				
Time given				
Dose given				
Name of member of staff				

Staff initials				
	Staff 1	Staff 2	Staff 1	Staff 2
Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				
	Staff 1	Staff 2	Staff 1	Staff 2
Date				
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	Staff 1	Staff 2	Staff 1	Staff 2
Date				
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Name of member of staff				
Staff initials				
	Staff 1	Staff 2	Staff 1	Staff 2
Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

Appendix 4 – School Asthma Card

# School Asthma Card

**To be filled in by the parent/carer**

Child's name

Date of birth  DD  MM  YY

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  DD  MM  YY

**Expiry dates of medicines**

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature

Date  DD  MM  YY

## ASTHMA QUESTIONS?

Ask our respiratory nurse specialists  
 Call **0300 222 5800**  
 WhatsApp **07378 606 728**  
 (Monday-Friday, 9am-5pm)  
[AsthmaAndLung.org.uk](http://AsthmaAndLung.org.uk)

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

**Does your child tell you when they need medicine?**  
 Yes  No

**Does your child need help taking their asthma medicines?**  
 Yes  No

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

Pollen <input type="checkbox"/>	Stress <input type="checkbox"/>
Exercise <input type="checkbox"/>	Weather <input type="checkbox"/>
Cold/flu <input type="checkbox"/>	Air pollution <input type="checkbox"/>

**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**

Medicine	How much and when taken

**Dates card checked**

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

**Actions to take if a child is having an asthma attack**

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

