Supporting Pupils with Medical Conditions Policy

Last reviewed on: September 2026
Next reviewed by: September 2028

Ferryhill Station Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. Medical conditions may include both physical and mental health needs that require support during the school day. All pupils have an entitlement to a full-time curriculum, or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 updated August 2017 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

N.B. Settings which are early years only should continue to apply the Statutory Framework for Early Years foundation Stage.

The aims of the policy are to ensure that:

- ✓ All school staff understand that medical conditions should not be a barrier to learning and full participation in school life.
- ✓ Pupils at school with medical conditions should be properly supported to ensure they have full access to education, including school trips and physical education.
- ✓ The school ensures all staff understand their duty of care to children and young people and their expected actions in the event of an emergency.

1) Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.

2) Providing support, advice/guidance to schools and their staff to ensure Individual Healthcare Plans (IHP) are in place.

3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body of Ferryhill Station Primary School is responsible for:

1) Ensuring arrangements are in place to support pupils with medical conditions.

2) Ensuring the policy and procedures clearly identify roles and responsibilities and are implemented effectively in supporting children with medical conditions.

3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: disability, ethnicity, gender reassignment, pregnancy or maternity, religion or belief, sex, or sexual orientation.

4) Ensuring the policy covers arrangements for pupils who are deemed mature and competent enough to manage their own health needs.

5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential.

6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions.

7) Ensuring procedures are in place which require written records are kept of all medicines administered to pupils.

8) Ensuring the policy sets out procedures in place for emergency situations, including evacuation of the building.

9) Ensuring the level of insurance in place reflects the level of risk.

10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

11) Ensuring there are adequate, safe storage methods in place for the storage of medication.

c) **The Headteacher is responsible for:**

1) Ensuring the implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of **Ferryhill Station Primary School.**

2) Ensuring relevant staff are made aware of this policy and any processes and procedures.

3) Working with the local authority to ensure pupils with a health need who will be/are out of school for more than fifteen days receive a suitable education.

4) Ensuring parents/carers and healthcare professionals are consulted regarding any training that may be required for staff.

5) Delegating at least one member of staff who will be responsible for the coordination of the medical conditions register and all associated paperwork, including medication expiry date checks.

6) Identifying staff who need to be aware of a child's medical condition.

7) Overseeing the development of Individual Healthcare Plans (IHPs) in partnership with parents/carers and relevant professionals.

8) Ensuring close liaison occurs, in conjunction with parents, when a child attends more than one educational setting, or an alternative provision.

9) Seeking consent to enable health professionals to have input into an IHP.

10) Gather information from health professionals and also share information for recording attendance.

11) Ensuring a sufficient number of trained members of staff are available to deliver the requirements of IHPs in normal, contingency and emergency situations.

12) Ensuring sufficient trained members of staff are available to administer all forms of prescription and non-prescription medication even where there is no IHP required.

13) If necessary, facilitating the recruitment of staff for the purpose of delivering the needs of this policy. Ensuring more than one staff member is identified to cover absences, school trips and emergencies.

14) Ensuring the correct level of insurance is in place for all staff who support pupils in line with this policy.

15) Facilitating continuous two-way liaison with parents/carers and relevant agencies in the case of any child who has or develops a medical condition.

16) Ensuring confidentiality and data protection.

17) Assigning appropriate accommodation for medical treatment/care and storage of medication and medical equipment.

18) Ensuring dignity is respected for each child.

19) Ensuring all staff are regularly made aware of where the nearest defibrillator is located in relation to school and also any emergency medication.

20) Ensure an annual first aid needs assessment is carried out in school as part of Health and Safety to ensure any medical conditions that could entail a medical emergency are fully catered for.

21) Ensure procedures are in place for emergency situations, including evacuation of the building. A Personal Emergency Evacuation Plan (PEEP) and Emergency protocol should be in place and reviewed regularly where a child's medical needs require this. Where a pupil's medical condition may affect their safe evacuation from the building, a Personal Emergency Evacuation Plan (PEEP) will be in place and reviewed at least annually

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d) **Staff members are responsible for:**

1) Ensuring they understand the policy and related paperwork and procedures.

2) Know which pupils in their care have a medical condition and be familiar with the contents of the IHP.

3) Taking appropriate steps and making adjustments to support and meet the needs of children with medical conditions across the school day.

4) Familiarising themselves with procedures which detail how to respond when they become aware that any pupil with a medical condition in school needs help.

5) Undertaking training to support pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.

6) Being aware of how all different types of medication are stored and ensuring easy access right across the school day for any emergency medication.

e) Parents and carers are responsible for:

1) Keeping the school informed about any new medical condition or changes to their child's health.

2) Seeking and supporting consent for health professionals to share information regarding medical conditions with school.

3) Participating in the development and regular reviews of their child's IHP.

4) Completing a parental consent form to administer medicine or treatment before bringing medication into school.

5) Providing the school with the medication within its original packaging that their child requires and keeping it up to date and within expiry dates.

6) Ensuring any new medication is given at home in the first instance (to monitor any possible side effects).

7) Ensuring timely collection of leftover medicine.

8) Ensuring at least one nominated adult is contactable at all times and emergency contact details are kept up to date.

f) **Pupils are responsible for:**

1) Providing information on how their medical condition affects them where possible.

2) Contributing to their IHP where possible.

3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

g) **Health professional may be involved in:**

1) Collaborating on developing an IHP where a child with a medical condition attends school.

2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.

3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.

4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

2) Training of staff

a) Newly appointed teachers, supply or agency staff and support staff will be made aware of the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. Staff will also be made aware of any medical conditions within school that the HT deems necessary, with particular consideration for children with life-threatening conditions.

b) The health professional delivering each training area/session will be named on each IHP to certify that the member(s) of staff have attended the training.

c) No staff member may administer prescription or non-prescription medicines or undertake any healthcare procedures without undergoing handling medication training or training specific to the condition.

d) School will keep an up-to-date record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.

e) Where schools have children attending an alternative provision, school should consider the training needs of the staff within that setting.

3) Medical conditions register/list

a) Initial school admissions forms and annual update requests should ask for information on medical conditions.

b) Parents must have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration should be given to seeking consent from relevant agencies to have input into the IHP.

c) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. As a minimum each class/form tutor should have an overview of the list for the pupils in their care, within easy access. Consideration should be made around staff knowledge for activities such a breaktime duties where the care of pupils may be with someone other than class teachers.

d) Supply staff, support staff and lunchtime and extra-curricular staff should similarly have access on a need-to-know basis. Parents should be assured data sharing principles are adhered to.

e) Timely transition meetings should take place to allow the sharing of information and appropriate staff training and the sharing of IHP content.

4) Individual Healthcare Plans (IHPs)

a) Where necessary an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, a member of school staff and medical professionals. The Headteacher will ultimately make the decision as to whether an IHP is needed.

b) Careful consideration will be made by all involved in developing the child's IHP to consider maturity and competence in relation to 'preparation for adulthood'. It is good practice to support and encourage children to become part of the management of their own medical condition and medication as much as possible as they mature.

c) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. In the case of conditions with potential life-threatening implications, information regarding pupils and their photographs could be displayed with parental understanding and agreement.

d) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

e) School, parents/carers and medical professionals will discuss the appropriate course of action on the occasion where a child may not comply with their health procedure, accept medication, or become distressed. The resulting procedures will be clearly written into the IHP.

f) Where a pupil has an Education, Health and Care plan or SEN Support Plan, the IHP will be linked to it or become part of it.

g) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA/AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

h) When developing or updating IHP's the base school should invite a representative from an alternative provision if they access education off-site. School should also consider whether it is worthwhile for a transition school to attend the review if pupils are moving from one school to another.

5) Transport Arrangements

a) If a pupil travels on school transport for their journey to and from school (e.g. school bus) it is the responsibility of the parents/carers to inform the local authority of their child's medical condition via the S20 Application for School Transport Assistance.

b) If a pupil's transport is provided by the local authority either due to the child having Special Educational Needs and/or Disabilities (SEND) or being a Child Looked After (CLA) then the school must be involved in ensuring the Integrated Transport Team are aware of any medical conditions.

c) If a pupil is transported between Alternative Providers of education, then the school which the pupil remains on roll at should ensure the Integrated Transport Team are aware of any medical conditions.

d) Once school has been named as the educational provider for a pupil with medical conditions who will be accessing transport provided by the local authority then the arrangement of a meeting to develop the Individual Healthcare Plan should be arranged. The meeting should include parents/carers, school and medical professionals where possible. The school should complete the School Transport and Medical Needs form and submit as soon as possible to ensure the transport will meet individual needs.

e) When the transportation of medication is required on school transport parents will be responsible for handing them over to the adult in the car in a suitable bag or container unless the pupil is deemed competent and mature enough to be responsible for their own medication (e.g. Salbutamol inhalers).

f) When prescribed controlled drugs need to be sent in to school via transport, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc. Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival.

6) Education Health Needs (EHN) referrals

a) All pupils of compulsory school age who because of a health need, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision.

b) In order to provide the most appropriate provision for the condition, the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

c) The service will review each referral and identify an appropriate pathway of support to ensure education is provided whilst the child recovers.

d) The current pathways available include 1:1 tuition and small group provisions.

e) When reintegration into school is anticipated, the provision will work with the school to develop an appropriate reintegration plan.

7) Medicines

a) **Ferryhill Station Primary School** will carefully consider any request to administer prescribed medication. **Ferryhill Station Primary School** will also carefully consider any request to administer non-prescription medication.

b) If school is requested to administer any medication the parents/carers of the child must complete and sign a parental consent to administration of medicine form in advance.

c) No child will be given any prescription or non-prescription medicines without written parental consent, except in exceptional circumstances.

d) Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

e) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

f) Medicines MUST be in date, labelled, and provided in the original container/packaging (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

g) Dosage instructions on the packaging and Patient Information Leaflet included will always be adhered to and dosage instructions cannot be changed unless notified by a medical professional.

h) Medication will be stored appropriately according to advice and instructions. In the case of emergency medications, children will know where their medication is stored and will be able to access it as when required (with or without support as needed).

i) Usually **four** weeks' supply of the medication may be provided to the school at one time. In some cases a maximum of a term's supply may be provided for pupils with long-term conditions.

j) A child who has been prescribed a controlled drug may legally have it in their possession if they are deemed mature and competent to do so. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access.

k) Any medications left over at the end of the course will be returned to the child's parent/carer. If this is not possible, medication will be disposed of to a pharmacist and a receipt obtained.

l) Records will be kept of any medication administered to children.

m) **Ferryhill Station Primary School** has made the decision to hold emergency salbutamol inhaler kits and auto adrenaline injectors for use in an emergency

n) The school recognises that allergies and anaphylaxis require specific management arrangements. Further information regarding the identification, prevention and management of allergies, including the use of adrenaline auto-injectors, can be found in the school's Allergy Management Policy

o) **Ferryhill Station Primary School** cannot be held responsible for side effects that occur when medication is taken correctly. Parents/carers must give their child the first dose of a new medicine and monitor for side effects.

p) Staff will not force a pupil to accept their medication or comply with their health procedure. Procedures for dealing with this situation will be discussed in advance with parents/carers and possibly health professionals as part of the writing of an IHP. In the case of pupils who do not have an IHP, the parent/carer will be contacted to discuss next steps.

8) Emergencies

a) Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.

b) The school is responsible for ensuring that any emergency procedures are mindful of changes in daily routine and staffing levels.

c) Where medical emergencies could potentially arise, consideration will be made as to whether a child's peers should be informed of what to do in an emergency. This will be discussed in advance with the parent/carer and also the child where appropriate.

d) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9) Day trips, residential visits and sporting activities

a) Clear arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residentials and sports activities
b) To comply with best practice, risk assessments should be undertaken in order to plan for including pupils with medical conditions on school trips/visits/residentials. Consultation with parents/carers, healthcare professionals etc. will be separate to the normal day to day IHP requirements for the school day.
c) Procedures will be put into place for the transportation and storage of medication during off-site visits and residentials.

10) Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in **Ferryhill Station Primary School**:

a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
b) Assuming that pupils with the same condition require the same treatment.
c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
d) Sending pupils home frequently or preventing them from taking part in activities at school
e) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.

g) Making parents feel obliged or forcing parents to attend school or school trips to administer medication or provide medical support, including toileting needs.
h) Creating barriers to children participating in school life, including school trips.
i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
j) Use a 'blanket policy' which could be perceived as discriminatory to the child and their specific medical needs.

11) Confidentiality

a) All school staff will treat medical information confidentially.

b) The school will agree with the parents/carers and the child (where appropriate) about who else should have access to the IHP and other medical paperwork or be notified about a child's medical condition.

12) Insurance

a) The school has a duty of disclosure and is responsible for notifying insurers of medical conditions and medical procedures which require bespoke insurance cover. Failure to do so could invalidate insurance.

b) Staff who undertake responsibilities within this policy will be covered by the school's insurance.

13) Complaints

a) All complaints should be raised with the school in the first instance.

b) The details of how to make a formal complaint can be found in the School Complaints Policy.

14) Definitions

a) 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

b) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered.*

c) 'Medication' is defined as any prescribed or over the counter treatment.

d) ‘Prescription medication’ is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

e) A ‘staff member’ is defined as any member of staff employed at **Ferryhill Station Primary School**

f) ‘Health professionals’ is inclusive of GP’s, consultant paediatricians, schools nurse teams, health visiting and includes specialist nurses, e.g. diabetes and epilepsy.

Supporting Pupils with Medical Conditions

1. Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.
2. Headteacher or delegated staff member co-ordinates meeting to discuss child's medical needs. Consideration made as to whether healthcare professionals need to be invited.
3. Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).
4. Develop IHP in partnership. Input from healthcare professionals can be provided.
5. School staff who will support child are identified. Key training needs are identified.
6. Appropriate training sourced from a healthcare professional or approved training provider.
   - Staff complete training and review date agreed.
7. IHP implemented and circulated to all relevant staff.
8. IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.