



## **Supporting Pupils at School with Medical Conditions Policy March 2025**

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**Approved by: Finance & Premises Committee**

**Date of next review: March 2026**

## **Dunmore Primary School Supporting Pupils at School with Medical Conditions Policy**

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential. Children and young people 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 or prevented from taking up a place in school because arrangements for their medical condition have not been made. In line with their safeguarding duties, the governing body should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Schools therefore do not have to accept a child in school at times where it would be detrimental to the health of that child – or other children - to do so.

The school does not have to wait for a formal diagnosis before providing support to a pupil. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some sort of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

### **Roles & Responsibilities**

The governing body will have strategic overview to ensure:

- that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child
- that the focus is on the needs of each individual child and how their medical condition impacts on school life
- that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school
- That staff are properly trained to provide the support that pupils need
- That the arrangements they put in place are sufficient to meet their statutory responsibilities, and ensure that policies, plans, procedures and systems are properly and effectively implemented (this aligns with their wider safeguarding duties)
- That the policy for supporting pupils at school with medical conditions is reviewed regularly, and is readily accessible to parents and staff

The Headteacher will have operational overview to ensure:

- That sufficient staff are suitably trained, and available to support relevant pupils in school or off-site visits
- That all relevant staff are made aware of a child's condition

The SENDCo will have operational overview to ensure:

- That, where appropriate, Individual Healthcare Plans (IHP) are drawn up, implemented and reviewed on an annual basis
- That when a child leaves the school, his/her most recent IHP is passed on to the next setting

Class teachers will ensure:

- That supply staff are made aware of a child's medical condition
- That risk assessments are in place where appropriate (e.g. off-site visits)
- That necessary medication (e.g. asthma inhalers, EpiPens) is taken to off-site visits

The designated staff member will ensure:

- Ensure that records are maintained of medication administered at school
- Ensure that prescribed and non-prescribed medication is in-date and reviewed regularly
- All pupils' medical records shared/displayed accordingly and reviewed on an annual basis

The parents/carers of pupils with medical conditions will:

- Provide sufficient and up to date information about their child's needs
- Be involved in the drafting, development and review of their child's IHP
- Ensure that prescribed medication that should be given to the child when at home (e.g. Ritalin) is administered in accordance with medical advice
- Carry out any actions they have agreed in the IHP, e.g. provide medicines and equipment, and ensure that they (or another nominated adult) are contactable at all times

Pupils will:

- Children who are competent to do so will be encouraged to take responsibility for administering their own medicines (under adult supervision where necessary)

## **Individual Healthcare Plans**

When the school is notified that a pupil has a medical condition, SENDCo with the designated person will make an initial assessment to determine whether an IHP is required. The process for drawing one up is contained in Appendix 1 of this document.

IHPs should capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the support needed. (Appendix 2)

IHPs (and their review) may be initiated in consultation with the pupil's parent, by a member of school staff, or by a healthcare professional involved in providing care to the pupil and should be drawn up in partnership between these parties (and pupils, where appropriate). They should be developed with the child's best interests in mind

and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption.

Where a pupil is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so. Parents should be informed so that alternative options can be considered.

Where an IHP is deemed not necessary then alternative records will be kept.

### **Staff Training**

Training needs will be reviewed regularly by the SENDCo and designated person (in liaison with the School Business Manager). Training will include the safe keeping and administration of prescribed and non-prescribed medication, and practical support for pupils with physical disabilities. Staff must not give prescription or non-prescription medicines or undertake health care procedures without appropriate procedures/training. Training opportunities will be offered to all staff in managing common medical conditions in school (e.g. asthma).

### **Managing medicines on school premises**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Pupils should not be given prescription or non-prescription medicines at school without a parent's written consent. Please see Appendix 3 and 4 (except in an emergency, if given by a paramedic)
- Pupils should never be given medication containing aspirin unless prescribed by a doctor
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- The school should only accept medications that are in-date, labelled, and provided in the original container as dispensed by a pharmacist (including dosage label). The exceptions to this are insulin which must still be in date but will generally be provided inside an insulin pump or pen. Or it has been agreed that non-prescribed medication is held in school to support a child with pain relief as part of their medical condition
- Non-prescribed antihistamine will be accepted in school when a copy of the diagnosis letter is provided
- All medicines should be stored safely. Children who self-medicate should know where their medicines are at all times and be able to access them immediately
- When no longer required, or out of date, medicines should be returned to the parent to arrange safe disposal. Sharps boxes will be used for the disposal of needles and other sharps

- Medication will be administered by a first aider and witnessed by another member of staff. The dose, time and date will be recorded in the class medical log and signed by both members of staff. The first aider will then send a notification slip to the parent/carer.

### **Emergency Procedures**

In a medical emergency, office staff will be instructed to request attendance by paramedics and will notify the pupil's parents. Detailed emergency procedures are included in each child's IHP.

### **Unacceptable Practice**

It is unacceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume each 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 the child's IHP
- If a child becomes ill, send him or her to the school office or First Aid room unaccompanied
- 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 support to their child, including with toileting issues
- Prevent children from participating, or create unnecessary barriers to children in participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

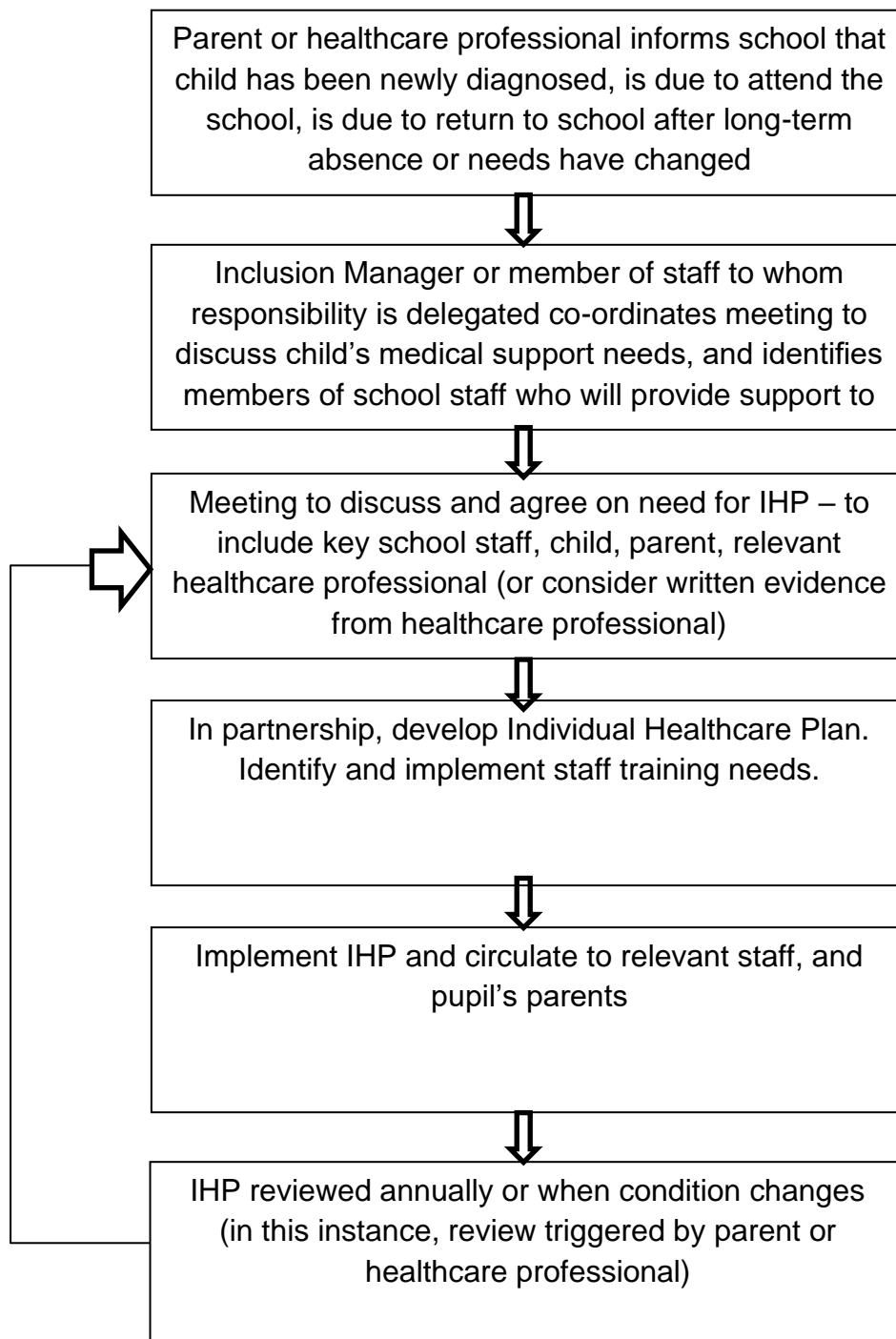
### **Liability and Indemnity**

The school takes out insurance through Oxfordshire County Council which covers staff administering medicines and support to pupils with medical conditions.

### **Complaints**

If a parent has concerns about the support of their child with a medical condition, he or she should follow the school's published Complaints procedure.

## Appendix 1: Procedure for developing Individual Healthcare Plans



## Appendix 2: Individual Healthcare Plan

### **Individual Healthcare Plan for:**

Date Of Birth:  
Year Group:

Condition:

*Pupil photo goes  
here*

**Responsible for providing support in school:**

**Responsible for providing support – external agencies:**

**Information:**

Parents

Address

Telephone Numbers

GP

**Daily Care Requirements:**

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

**Arrangements for off-site activities:**

**Other information:**

**Plan developed with:**

**Staff training needed/undertaken (who, what, when)**

**Form copied to:**

## Appendix 3: Prescribed Medication Form

### Dunmore Primary School

#### Parental agreement for school to administer prescribed medication

<i>Child's name</i>	
<i>Class</i>	
<i>Date of Birth</i>	
<i>Medical condition or illness</i>	
<i>Name &amp; type of medicine</i>	
<i>Expiry date (inhaler, <del>epipen</del>, antihistamine, other)</i>	
<i>How much to give (i.e. the dose) and how</i>	
<i>When to be given</i>	
<i>Quantity of medicine given to school (e.g. 125 ml bottle, 12 tablets)</i>	
<i>Are there any known side effects for the named child?</i>	

**Note:** 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 to administer medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of medication or if the medicine is stopped.

Parent's signature: .....

Print name: .....

Date: .....

## Appendix 4: Non-prescribed Medication Form

### Dunmore Primary School

#### Parental agreement for school to administer non-prescribed medication

<i>Child's name</i>	
<i>Class</i>	
<i>Date of Birth</i>	
<i>Medical condition or illness</i>	
<i>Name &amp; type of medicine</i>	
<i>Expiry date</i>	
<i>How much to give (i.e. the dose) and how</i>	
<i>When to be given</i>	
<i>Quantity of medicine given to school (e.g. 125 ml bottle, 12 tablets)</i>	
<i>Are there any known side effects for the named child?</i>	

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

I will advise the school in writing of the dose given and time if medication has been administered before school.

Parent's signature: .....

Print name..... Date.....