Southwark Diocesan
Board of Education
Multi-Academy Trust

**Part of the 2026/2027 Trust Operating Manual**

**SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

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**SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

## 1. SCOPE OF THIS POLICY

1.1 This policy has been developed in line with the Department for Education's statutory guidance released in December 2015 and reviewed in August 2017 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. Over the Counter (OTC) Medicines for Children NHS guidance 2017

1.2 The Trust wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows.

1.3 '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 can be denied admission 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, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore 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.' DFE December 2015.

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

## 2. KEY ROLES AND RESPONSIBILITIES

2.1 The Local Authority (LA) is responsible for:

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

(b) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.

(c) 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.

2.2 The Trust / Governing Body is responsible for:

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

(b) Ensuring the policy clearly identifies roles and responsibilities and is implemented effectively.

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

(d) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.

(e) 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.

(f) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are competent to do so. Staff to have access to information, resources and materials.

(g) Ensuring written records are kept of, any and all, medicines administered to pupils.

(h) Ensuring the policy sets out procedures in place for emergency situations.

(i) Ensuring the level of insurance in place reflects the level of risk.

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

2.3 The Headteacher is responsible for:

(a) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.

(b) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of the Academy.

(c) Liaising with healthcare professionals regarding the training required for staff.

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

(e) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.

(f) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.

(g) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

(h) Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.

(i) Ensuring confidentiality and data protection.

(j) Assigning appropriate accommodation for medical treatment/care.

(k) Considering the purchase of a defibrillator.

(l) Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

2.4 School nurses are responsible for:

(a) Developing and collaborating in the writing of an IHP in anticipation of a child with a medical condition starting school.

(b) 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.

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

(d) Liaising locally with lead clinicians on appropriate support.

(e) Assisting the Headteacher in identifying training needs and providers of training.

2.5 Parents and carers are responsible for:

(a) Keeping the school informed about any existing or new medical condition or changes to their child/children's health.

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

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

(d) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.

(e) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

2.6 Pupils are responsible for:

(a) Providing information on how their medical condition affects them.

(b) Contributing to their IHP.

(c) 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.

## 3. TRAINING OF STAFF

3.1 Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.

3.2 The clinical lead for each training area/session will be named on each IHP.

3.3 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

3.4 No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition.

3.5 School will keep a record of medical conditions supported, training undertaken and a list of teachers trained to undertake responsibilities under this policy.

3.6 A disclosure can not be requested for someone who is under 16 years old; or on the grounds of having access to personal data such as names or addresses of children or vulnerable adults.

## 4. MEDICAL CONDITIONS REGISTER /LIST

4.1 Schools admissions forms request information on pre-existing medical conditions. Parents are asked to inform the school and can do so face to face, over the telephone or in writing or by emailing the school office at any point in the school year if a condition develops or is diagnosed. The school will consider seeking consent from GPs to have input into the IHP and also to share information for recording attendance.

4.2 A medical conditions list or register is kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.

4.3 Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

4.4 For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

## 5. INDIVIDUAL HEALTHCARE PLANS (IHPS)

5.1 Where necessary (the Headteacher will make the final decision) an Individual Healthcare Plan (IHP) will be developed by the medical professionals in collaboration with the pupil, parents/carers, Headteacher, and Special Educational Needs Coordinator (SENCO).

5.2 IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. However, in the case of conditions with potential life- threatening implications the information should be available clearly and accessible to everyone.

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

5.4 Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.

5.5 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.

## 6. ADMINISTERING MEDICINES

6.1 Medicines will only be administered in school when it would be detrimental to a child's health or attendance not to do so.

6.2 The academy will not administer prescription or non-prescription medicines to any child under the age of 16 without parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the parent's knowledge.

6.3 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. Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.

6.4 If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.

6.5 The academy will support the administration of non-prescription medicines, over the counter medicines (OTC) following prior written permission by the child's parent/carer.

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

6.7 Medicines MUST be in date, labelled, and provided in the original container (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.

6.8 A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements will be put in place by the school if necessary.

6.9 Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency and may be administered by school staff in accordance with the prescriber's instructions.

6.10 Medicines will be stored securely in an appropriate place within the school.

6.11 Any medications left over at the end of the course will be returned to the child's parents, including sharps in sharps boxes.

6.12 Written records will be kept of any medication administered to children, including what, how, how much was administered, date and time and by whom. The school will also record any side effects noted.

6.13 Medication administered will be recorded on the appropriate form.

6.14 Pupils will never be prevented from accessing their medication.

6.15 Emergency salbutamol inhaler kits may be kept voluntarily by school.

6.16 When available general posters about medical conditions (diabetes, asthma, epilepsy etc.) will be displayed for example in staff rooms.

6.17 The Academy cannot be held responsible for side effects that occur when medication is taken correctly.

6.18 Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

## 7. EMERGENCIES

7.1 Where a child has a healthcare plan it will clearly state what constitutes an emergency for that child and steps to take

7.2 If a pupil needs to go to hospital a member of staff should go with them and remain with them until a person with parental responsibility arrives.

7.3 The school will ensure that asthma inhalers are purchased and kept for emergency use.

## 8. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

8.1 Wherever possible arrangements will be put in place to ensure that all children with medical conditions can access all school activities unless it is not safe or advisable for them to do so in which case medical advice may be sought.

8.2 Additional risk assessments may be put in place for these events if needed.

8.3 Parents will be consulted where necessary in addition to the normal IHP requirements for the school day.

## 9. AVOIDING UNACCEPTABLE PRACTICE - THE FOLLOWING BEHAVIOUR IS UNACCEPTABLE IN THE SCHOOL

9.1 Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.

9.2 Assuming that pupils with the same condition require the same treatment.

9.3 Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.

9.4 Sending pupils home frequently or preventing them from taking part in activities at school.

9.5 Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.

9.6 Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.

9.7 Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.

9.8 Creating unnecessary barriers to children participating in school life, including school trips. (although if parents wish to and are able to accompany their child they may be encouraged to do so).

9.9 Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## 10. INSURANCE

10.1 The academy has adequate insurance in place.

10.2 Insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions on request.

## 11. COMPLAINTS

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

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

## 12. DEFINITIONS

12.1 Parent refers to anyone who has parental responsibility for the pupil.

12.2 *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.

12.3 Medication is defined as any prescribed or over the counter treatment.

12.4 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.

12.5 Staff member is defined as any member of staff employed at the Academy.