

# MEDICAL CONDITIONS POLICY

## INCLUDING ADMINISTRATION OF MEDICINES

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## Introduction

We welcome children who have medical conditions and we help them to safely enjoy our school.

This booklet tells you how we support these children and how we manage medicines in school. If you want to talk to someone about this policy, please get in touch with our SENDCo, Mrs Milnthorp.



### Medical conditions can:

- Affect quality of life;
- Be debilitating and even life threatening, especially if poorly managed or understood;
- Impact on a child's ability to learn.

Children with the same medical condition can have different needs. Therefore, much of our approach depends on the complexity of the medical need and the amount of support needed.

Some medical conditions are short term. Others affect children for a lifetime.

In this booklet, we use the term "parent" to cover both parents and anyone who acts in the parent role. Using "parents", rather than "parents / carers" makes the booklet easier to digest.

## Contents

### Policy Pages (Blue Border)

3. Who does what?
4. New Medical needs  
Emergencies
5. The Plans we Use
6. Medicines
8. Absence due to medical needs  
Privacy
9. Trips & visits  
Training
10. Laws, Guidance and Review

### Templates and Examples (Orange Border)

11. Individual Healthcare plans (IHP)
14. IHP Covering Letter
15. Record of Medicine Administered
16. Parent request for Administration of Medicines

## Who does what?

### Our Principal...

- Reads & approves this policy.
- Ensures the correct level of insurance is in place.
- Ensures accurate records are kept of medicines administered to pupils.
- Ensures there are enough trained staff, including in both contingency and emergency situations.
- If necessary, facilitates recruitment of staff to meet the promises made in this policy.

### Our SENDCo...

- Keeps this policy up to date and makes sure that staff are aware of it.
- Makes sure that all relevant staff are aware of a child's medical needs e.g. through healthcare plans.
- Secures specialist training for staff if needed (e.g. Using EpiPens).
- Contacts health workers if we need extra advice or support.
- Ensures education is provided for children who are unable to attend school for more than 15 days due to medical needs. This is normally be done in liaison with Doncaster Council.

### All Staff members...

- Familiarise themselves with school's procedures as well as any pupil plans or profiles.
- Support children with medical needs and make reasonable adjustments to include them.
- Administer medication, if they have agreed to undertake this.
- Complete training on medical needs, as needed.

### Parents...

- Keep us informed about changes to their child's health.
- Complete our consent form if a child need medicine(s) in school.
- Provide us with medication and keep it up to date.
- Collect leftover medicine at the end of the course (or at the end of the term).
- Talk to their child so that they know they will have medicine at school.
- If needed, help us to write a healthcare plan alongside any health experts.

### School Nurses...

- Tell us if a child has a new medical condition that needs support in school.
- Give us great advice or signposting.

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan

From: [Supporting pupils at school with medical conditions \(DfE 2015\)](#)

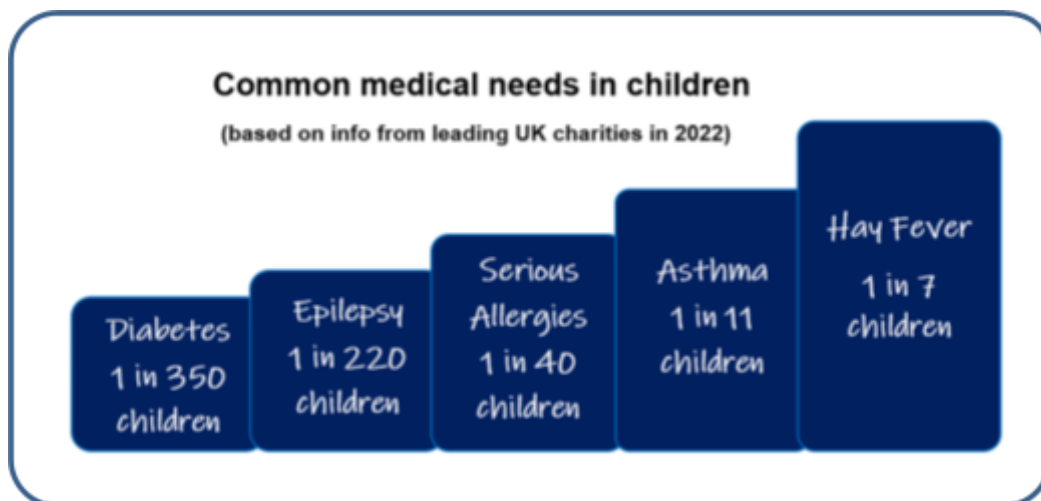
## New Medical Needs

- We ask parents if their child has any medical needs on our enrolment form.
- We don't refuse a child's admission if reasonable adjustments for their medical needs have not been made.
- The School Nurse team tell us if a child has a new medical condition that needs support in school. In case this doesn't happen quickly, parents should tell us too (via the office, class teacher or SENDCo). This helps to speed things up.



## Emergencies

- All staff understand and are trained, in what to do in an emergency for children with medical conditions.
- All school staff, including supply staff, are made aware of relevant medical needs.
- Staff understand their duty of care to children in an emergency and know our general emergency procedures.
- Parent(s) will always be informed if a child needs to attend or is taken to hospital.
- If a child needs to attend hospital, a member of staff (preferably known to the child) will stay with them until a parent arrives to take them to hospital.
- If the situation needs an ambulance (and a parent is not yet here), a member of staff will go with the child in the ambulance.



### Food Allergies: Did you know?

*The kitchen can provide lists of ingredients for parents to check for any allergens in school lunches.*

## The Plans we Use

We use individual healthcare plans (IHP). These plans guide staff on managing the medical needs of children. This information is recorded in our Management Information System (Arbor).

We write IHPs in partnership with parents and health workers. Other sources we might use to help us include:

Clinic letters

Child's views

School nurse

Specialist nurse (e.g. diabetes)

Our own expertise (e.g. from training)

SEN Plans (e.g. from an up to date EHC Plan)

A child's previous school or nursery

We send a draft copy of the IHP to parents. Parents check it and agree it or make suggestions.

We have a folder on our staff shared drive for IHPs. Once written, the class teacher is responsible for keeping the IHP up to date, with support from the SENDCo if needed.

We review IHPs once a year, or sooner if a child's needs change.

### **When we don't use an IHP**

We don't normally use an IHP when medical diagnosis presents as a special educational need (SEN). For example, we wouldn't use a IHP for:

- Autism: This is a medical diagnosis but we meet these needs through our SEND provision.
- Childhood cataracts: This is a medical diagnosis but schools treat this as a visual impairment. Therefore, we meet these needs through our SEND provision.

Also, we don't use an IHP if it is disproportionate to do so. For example, if a child has a broken arm that's in a cast, we can tweak school life without needing an IHP (e.g. not doing PE, breaks indoors).

### **Changing the IHP format**

The IHP template is our own, so we can change the format to make it suitable for each child's needs. For example, cystic fibrosis is likely to have some medication (e.g. repeated anti-biotics, Creon tablets) but is less likely to present emergencies. So, the first page of the IHP stays the same, but the second page gets tweaked. In this case, the format of the second page might outline physio, hygiene or dietary matters.

## Medicines

Many medicines do not need to be given at school. For example:

- Twice a day medicines taken before school and in the evening.
- Three times a day medicines taken in the morning, at home time and before bed.

When medicines do need to be taken in school, we keep an accurate record of all medication administered, including the date, time, dose and supervising staff. Our record form can be found on page 16.

For older children, we sometimes encourage independence. If so, this will be made clear on the IHP. Independence or 'self-administration' is not the same as 'unsupervised'. For example, an 11 year old, who has a recent diagnosis of diabetes, may be learning to take her own blood readings. We would still supervise this even if she was doing most of the process herself.

Most medicines are kept locked in the school office. Some medicines are kept in the classroom such as those that are needed instantly (e.g. EpiPens, asthma inhalers). We make the best possible decision taking into account the child's classroom, storage options, medicine type, child's age and how urgently the medication is needed.

If a child refuses to take medication, we cannot not use force. We can encourage the child. If a child refuses to take medication, parents will be informed. How soon this happens depends on the effect of not taking the medication. For example, not applying eczema cream at lunchtime is unlikely to need an urgent phone call to parents, but insulin for diabetes might.



### Administering Medicines

- When we administer medicines, depending on the context, we use instructions from:
  - Healthcare plans.
  - Instructions on the medicine's original packaging.
  - Parent consent forms.
- We train enough staff so that we always have the skills needed to do it safely. This includes when staff are absent or the medicine is needed on a school trip or residential.

- We **do not** give medicines (prescription or non-prescription) without **written consent** from parents. Parents almost always provide this, but if they don't, we will make every effort to get it.
- When giving medicines we check the recommended dose and when the previous dose was given.
- We **do not** give children aspirin unless it is prescribed.
- Staff can only administer medicines to a child once they have had training.
- Medication must be in date and labelled in its original container, with instructions. Prescription medication must always have the child's name on. We **do not** give medicine that has been prescribed for someone else.
- The exception to the rule about original container is insulin. Although it must still be in date, insulin is supplied in an injector pen or a pump.

### Storing Medication

We make sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities. Staff and the child will know exactly where this medication is kept.

We will store medication securely locked in the school office, but there are exceptions to this rule. The exceptions include cold storage or allowing rapid access. For example, eye drops that come with instructions to keep cool may need to be kept in fridges in the staff room. Inhalers, auto-injectors and diabetic blood testing devices are likely to be kept near to the child. This may mean making a safe space for them to be stored in the classroom or – in some cases a child may carry their emergency kit with them in a bag at all times.

Sharps boxes are kept securely at school – these contain used needles. They are disposed of in line with local authority procedures.



## Absence due to Medical Needs

Medical conditions can cause frequent or long term absences.

We ask that parents make medical appointments outside of school day if possible. This is so that the child doesn't miss out on vital lessons. Being at school every day is very important.

If an appointment cannot be made outside of the school day, we ask that the child comes to school before and/or afterwards. However, we will not penalise children for absences related to their medical needs.

If a child is returning to school following a period in hospital, the school will liaise with teachers from the hospital, parents and health specialists to ensure that the child can reintegrate effectively.

We keep in touch with a child/family when they are unable to attend school because of their condition (e.g. via a weekly call from the SENDCo or class teacher).

If a child is off school for more than **15 days**, special rules apply regarding providing a suitable education. These come from the 1996 Education Act (Section 19) and apply to local councils. If a child is off (or is going to be off) for more than 15 days, we liaise with the Local Authority about what education will be provided (e.g. a home tutor). Any decisions take into account the child's current physical and mental health.

## Privacy

The details of a child's medical needs are shared internally on a "need to know" basis. Normally, teaching staff, support staff and lunchtime staff need to know so that the child can be kept safe and well. Depending on the medical needs, it can also include adults who are helping on trips (e.g. volunteers or instructors).

Unless there are exceptional circumstances (e.g. to protect a child from immediate harm), we seek consent from parents before sharing medical information with any other party.

We try to be proactive. For example, if a child has seizures, it is better to talk to classmates about this so that, for example, if it happens at the far end of the playground, the other children know to alert the adult on duty straight away. We always talk to parents before doing this.

A child may or may not want to be part of explaining their condition. We respect the child's and parent's views on this.

## Trips and Visits



Our staff make adjustments to ensure our trips and visits are inclusive. This includes sports (e.g. swimming lessons or football matches) and overnight trips.

Pupils with medical needs are likely to need a risk assessment before attending trips and visits. This allows us to plan for any extra care requirements that may be needed. Any risk assessment is taken with us on the day. Some children need an individual risk assessment, but milder needs are included in the trip/event risk assessment.

### Examples of Measures in Risk Assessments

- Swap support staff (Mrs Smith to swap with Mrs Jones) from 10.15 – 12.00 so a first aider comes swimming with us.
- Medicine carried in Mrs Jones's bag (who keeps her bag with her at all times as it also has the first aid kit).
- Meds will be given at 12.00 with a snack & drink (as lunch is at the later time of 1.15pm).
- Mrs Jones to have emergency snacks in case needed.
- Charlie to be in Mrs Vance's group as she is Charlie's class teacher & knows his medical needs well.
- Millie to be allocated to a dorm of 2 as more likely to get better sleep than in dorm of 8 (tiredness is a trigger for seizures).
- Parent helper in Millie's group to be briefed (i.e. early signs of focal seizure and how to respond) by Mrs Vance, class teacher & trip leader, before we set off.

## Training

- All staff have access to appropriate levels of information and training:
- All staff are briefed on this policy. In practice this means an initial guidance session with the SENDCo and an annual update. Reading this policy is part of the induction for new staff.
- Staff, who routinely administer medicines, will have attended a one or three day first aid course. They may also have done a stand-alone *Administering Medication in School* course.
- Depending on our children's current conditions, training may also include annual epilepsy training or allergy / EpiPen training.

## Laws and Guidance

We take into account laws and guidance. This includes:

Children and Families Act (2014)

Equality Act (2010)

Education Act (1996)

DfE (2015) ['Supporting pupils at school with medical conditions'](#)

DoH (2017) ['Using emergency adrenaline auto-injectors in schools'](#)

DfE (2013) [Ensuring a good education for children who cannot attend school because of health needs](#)

Our legal duties are anticipatory. That means that we would need to have reasonable policies in place for medical needs, even if we didn't have any children with medical needs in school. These legal duties are in the Children & Families Act (2014) and Equality Act (2010).

## Review

1. The SENDCo reviews this policy once a year.
2. The SENDCo gives the policy to the head to approve.
3. Governors can ask to consider this policy, but it is delegated to the head unless there is a request to be considered by governors.
4. We then publish the policy on our website.

## Healthcare Plan Covering Letter

dd/mm/20yy

### Individual Healthcare Plan (IHP)

Dear Parent/Carer,

Thank you for telling us about your child's current medical needs.

We are pleased to send you a draft IHP. Please read and sign this to confirm that it is correct and that you are agree with it.

If there is anything you would like adding or taking out of the IHP, please make notes on it and return it to me via the school office or class teacher. If you would prefer to talk about any changes, please get in touch.

IHPs explain helpful details about your child's medical needs. They help our team to better understand your child's condition.

Parents/carers must keep us up-to-date on any changes to your child's condition. We review this plan every year, but can do it more often if needed (e.g. you tell us that the type of medication has changed).

I look forward to your child's IHP being returned or hearing form you to discuss any questions or issues.

Thank you for your help.

Yours sincerely,

NAME  
SENDCo

## Record of Medicine Administered



<b>Pupil</b>		<b>DoB</b>		<b>Class</b>	
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### Record of Medication Provided to School

Date	Who provided the medication	Name of medication	Amount supplied	Expiry Date	Dosage Regime	Received by

### Record of Medication Administered

Date & Time	Medication	Dosage given	Amount left	Administered by	Comments / Side Effects

Once this sheet is full, scan this and log it onto CPOMS. Then start a new sheet.

## Parental request for Administration of Medicine



We will not give your child medicine unless you complete and sign this form.

Medicine will only be given if prescribed by a health professional, is in the original packaging with your child's name clearly visible and the dosage is stated.

Child's Name		Date of Birth		Class	
Name of medicine		Date Dispensed		Expiry date	
Required Dosage		Timing / Duration			
Medical condition or illness					
Special Precautions / Storage requirements					
Are there any side effects that school needs to know about?					
Any actions needed in an emergency?					
Any other relevant information?					
<p>I understand that a responsible adult must deliver the medicine to the School Office and collect it in person.</p> <p>I accept that this is a service that school is not obliged to undertake.</p> <p>I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.</p> <p>I understand that only an adult with parental responsibility can sign this form.</p>					
Signed		Relationship to child		Contact number(s)	
Print name		Date			

