



# Supporting Pupils with Medical Conditions Policy

Approved by Governors: November 2025

Review Date: November 2026

## **Statement of intent**

Silsden Primary School will ensure that pupils with medical conditions receive appropriate care and support at school, in terms of both physical and mental health, in order for them to have full access to education, remain healthy and achieve their academic potential.

This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.

The school is committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

## **Legal Framework**

This policy has due regard to all relevant legislation and statutory guidance, but not limited to, the following:

- Children and Families Act (2014)
- Education Act (2002)
- Education Act (1996) as amended
- Children Act (1989)
- National Health Service Act (2006) as amended
- Equality Act (2010)
- Health & Safety at Work Act (1974)
- Misuse of Drugs Act (1971)
- Medicines Act (1968)
- The School Premises (England) Regulations (2012) as amended
- The Special Educational Needs and Disability Regulations (2014) as amended
- The Human Medicines (Amendment) Regulations (2017)
- The Food Information (Amendment) (England) Regulations (2019) (Natasha's Law)
- DfE (2015) Special Educational Needs and Disability Code of Practice: 0 – 25 years
- DfE (2021) School Admissions Code
- DfE (2017) 'Supporting pupils at school with Medical Conditions'
- DfE (2022) 'First aid in schools, early years and further education'

- Department of Health (2017) Guidance on the use of adrenaline auto-injectors in schools

The policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance and Absence Policy
- Admissions Policy
- First Aid Policy

## **Roles and responsibilities**

**The governing board is responsible for:**

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that the necessary members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.

- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

**The headteacher is responsible for:**

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

**Parents are responsible for:**

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.

- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

**Pupils are responsible for:**

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

**School staff are responsible for:**

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

**The school nurse is responsible for:**

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

**Clinical commissioning groups (CCGs) are responsible for:**

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

**Other healthcare professionals, including GPs and paediatricians, are responsible for:**

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.
- Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

**The LA is responsible for:**

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

## **Admissions**

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

## **Notification Procedure**

When the school is notified that a pupil has a medical condition a meeting will be arranged with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous setting. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

## **Staff Training and Support**

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Whole-school awareness training will be carried out on an annual basis for all staff, and included in the induction of new staff members, where necessary.

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## **Self-management**

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

## **Individual Health Care Plans**

- For chronic or long-term conditions and disabilities (where a care plan has not been provided by a medical professional), an IHCP will be developed in liaison with the pupil, parents/carers, headteacher, special educational needs coordinator (SENDCo) and medical professionals.

- When deciding what information should be recorded on an IHCP, the governing board will consider the following:
  - The medical condition, as well as its triggers, signs, symptoms and treatments
  - The pupil's resulting needs, such as medication (the correct dosage and possible side effects), equipment and dietary requirements
  - The specific support needed for the pupil's educational, social and emotional needs
  - The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs
  - The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
  - Which staff members need to be aware of the pupil's condition
  - Arrangements for receiving parental consent to administer medication
  - Separate arrangements which may be required for school trips and external activities
  - Which staff member can fulfil the role of being a designated, entrusted individual where confidentiality issues are raised
  - What to do in an emergency, including whom to contact and contingency arrangements
  - What is defined as an emergency, including the signs and symptoms that staff members should look out for
- The governing body will ensure that IHCPs are reviewed at least annually. IHCPs will be routinely monitored throughout the year by the Inclusion Team.
- Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have an EHC plan, their SEND will be mentioned in their IHP.
- Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.
- IHCPs will be stored on Medical Tracker

## **Managing Medicines**



- No pupil will be given medicines without written parental consent on the relevant short term / long term medical form. These must be completed at the main school office.
- Medicines must be prescribed, in date, labelled, and provided in the original container with dosage instructions. Medicines which do not meet these criteria will not be administered, in any circumstances, with the exception of insulin which is acceptable to use if it is in date but in a different container, such as an insulin pen.
- Before administering medicine, maximum dosages and when the previous dose was taken will be checked on forms (appendix A i,ii).
- A maximum of four weeks' supply of medication may be provided to the school.
- When medicines are no longer required, they will be returned to the parents/carers of the pupil.
- Needles and sharp objects will always be disposed of in a safe way, such as using 'sharp boxes'.
- Medications will only be administered at school if it would be detrimental to the child not to do so.
- Long term medications will be stored in the medical box in the child's classroom. Where a child has an adrenalin injector it will be stored in the medical room.
- Short term medications will be stored in the medical room. If necessary medications will be stored in a fridge e.g. antibiotics.
- School spare adrenalin injector pens are stored in the medical room for use in an emergency. Every attempt will be made to contact the parent before use. An ambulance will be called if these are used.
- School spare asthma inhalers are stored in the medical room for use in an emergency. Every attempt will be made to contact the parent before use. Parents will be informed of use using the Medical Tracker app.
- In the event of a school trip or activity which involves leaving the school premises, medicines and devices, such as insulin pens and asthma inhalers, will be readily available to staff and pupils.
- Staff members have the right to refuse to administer medication. If a class teacher does refuse, the headteacher will delegate the responsibility to another staff member.
- Any medications left over at the end of the course will be returned to the pupil's parent/carer.
- Written records will be kept for any medication administered to pupils. For short term, these will be scanned into medical tracker once the medication is no longer required.

For long term medical administration, records cards should be scanned into medical tracker once a card is complete.

- Pupils will never be prevented from accessing their medication.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a member of staff.
- Parents/carers will be consulted before a pupil is given approval to be responsible for their own medication.
- These arrangements will be reflected in their individual healthcare plan (IHCP).
- If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHCP and parents/carers will be informed so that alternative options can be considered.
- Silsden Primary School cannot be held responsible for side effects which occur when medication is taken correctly.
- Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements about what support to provide will be based on the available evidence, including a consultation with parents/carers.

## **Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)**

- Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.
- Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.
- A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis – this will be on Medical Tracker. A copy of this will be held in each classroom, in the medical boxes, for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response. Staff members who are qualified first aiders, will undertake training every 3 years on how to administer an AAI, and the sequence of events to follow when doing so.
- The school will keep a spare AAI for use in the event of an emergency, which will be checked termly to ensure that it remains in date, and which will be replaced before

the expiry date. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis where a care plan has been issued. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

- Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI's are used, the following information will be recorded on Medical Tracker
- AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.
- In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

## **Record Keeping**

- Medical record cards are completed when any medication is administered. For short term, these will be scanned into medical tracker once the medication is no longer required. For long term medical administration, records cards should be scanned into medical tracker once a card is complete.

All IHCPs are stored on medical tracker

## **Emergency Procedure**

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it will detail:

- What constitutes an emergency.
- What to do in an emergency.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities they will be accompanied by another member of staff with first aid training.

## **Day trips, residential visits and sporting activities**

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

## **Unacceptable practice**

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## **Complaints**

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **Home-to-school transport**

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

## **Defibrillators**

The school has an automated external defibrillator (AED). The AED will be stored on the Key Stage 1 corridor opposite the small hall doors.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken by the site manager on a weekly basis.

## **Monitor and Review**

This policy is reviewed every year by the governing board and the headteacher.

- Records of medication, which have been administered on school grounds, will be monitored and the information will be used to improve school procedures.
- Staff members who are trained to administer medication will routinely recommend any improvements to the procedure.
- Silsden Primary School will seek advice from any relevant healthcare professionals as deemed necessary.

