Supporting Children with Medical Needs Policy

Revised: November 2026
To be reviewed: November 2029

Principle Academy Vision

We put children first, pioneering excellence and championing each and every child.

School Vision

In Belvedere Junior and Infant School every child, every family and every minute matters. We are committed to providing an inspirational education which challenges all. Through positive relationships, we provide a trusting, safe and happy environment. Together with the local community, we sow the seeds of lifelong learning, helping to shape engaged global citizens.

Statement of intent

The School Board of Belvedere Junior and Infant School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Belvedere Junior and Infant School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Legal framework

This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The 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

This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy has due regard to the following school policies:

- First aid, injuries, allergies and medication in school
- Inclusion Policy
- Concerns & Complaints Policy

The role of the School Board

The School Board:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.

- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures 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.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.
- The Head Teacher holds overall responsibility for implementation of this policy.

The role of the Head Teacher

The Head Teacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

The role of parents/carers

Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

The role of pupils

Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of pupils with medical conditions.

The role of school staff

School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.

- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Admissions

No child is 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 that requires support in school, the school nursing team informs the Head Teacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of a care plan.

The school does 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 is made by the Head Teacher based on all available evidence (including medical evidence and consultation with parents/carers).

For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

Staff training and support

Any staff member providing support to a pupil with medical conditions receives suitable training. Staff do no undertake healthcare procedures or administer medication without appropriate training.

Through training, staff have the requisite competency and confidence to support pupils with medical staff and fulfil the requirements set out in care plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

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

The school identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training is commissioned by the school business manager and provided by the following bodies:

- Commercial training provider
- The school nurses
- GP/Consultant
- Parents/carers of pupils with medical conditions

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

Self-management

Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their care plan. Where possible, pupils are allowed to carry their own medicines and relevant devices.

Where it is not possible for pupils to carry their own medicines or devices, they are 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 care plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

Supply teachers

Supply teachers are:

- 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.

Individual Healthcare Plans (IHP)

The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Head Teacher makes the final decision.

The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

Care plans include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.

- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the Head Teacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used.

Care plans are easily accessible to those who need to refer to them, but confidentiality is preserved. Care plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner. Where a pupil has an EHC plan, the care plan is linked to it or becomes part of it.

Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their care plan identifies the support the child needs to reintegrate.

Some pupils with medical conditions may be considered to be 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.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

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/carers.

Managing medicines

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

Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

When it would be detrimental to the pupil's health not to do so

When instructed by a medical professional

No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents/carers are informed any time medication is administered that is not agreed in a care plan.

The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.

When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.

The school holds asthma inhalers for emergency use. The inhalers are stored in the main school office and their use is recorded. Inhalers are always used in line with the school's First Aid policy.

Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

Adrenaline auto-injectors (AAIs)

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the school's First Aid policy.

A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response. Where a pupil has been prescribed an AAI, this will be written into their care plan. For pupils who have prescribed AAI devices, these are stored in their classroom with a spare in the school office.

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members. In the event of anaphylaxis, a designated staff member will be contacted via a walkie talkie.

Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches. The spare AAI will be stored in the main school office.

The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. 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 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/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use. In the event of a school trip, adults will take a child's AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Record keeping

Written records are kept of all medicines administered to pupils.

Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

Appropriate record keeping will be entered into Meditracker by the member of staff who administered the medication. In the event of difficulty accessing the website, suitable recording forms can be found in appendix d and appendix e of this policy.

Emergency procedures

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

Where an care plan is in place, it should detail:

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

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

Day trips, residential visits and sporting activities

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

Prior to an activity taking place, the school conducts 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 is sought from pupils, parents/carers and relevant medical professionals.

The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

Unacceptable practice

The school will never:

- 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 and/or their parents/carers.
- 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 care plan.
- Send an unwell pupil to the medical room or school office with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing 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.

Liability and indemnity

The governing board ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with RPA covering liability relating to the administration of medication. The policy has the following requirements:
- All staff must have undertaken appropriate training.

The school holds an insurance policy with RPA covering healthcare procedures. The policy has the following requirements:
- All staff must have undertaken appropriate training.

All staff providing such support are provided access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

Complaints

Parents/carers 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 procedure, as outlined in the Complaints Procedure.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Defibrillators

The school has a **Mediana HeartOn A15** automated external defibrillator (AED).

The AED is stored outside of the main office, hanging on the wall.

All staff members and pupils are aware of the AED's location and what to do in an emergency.

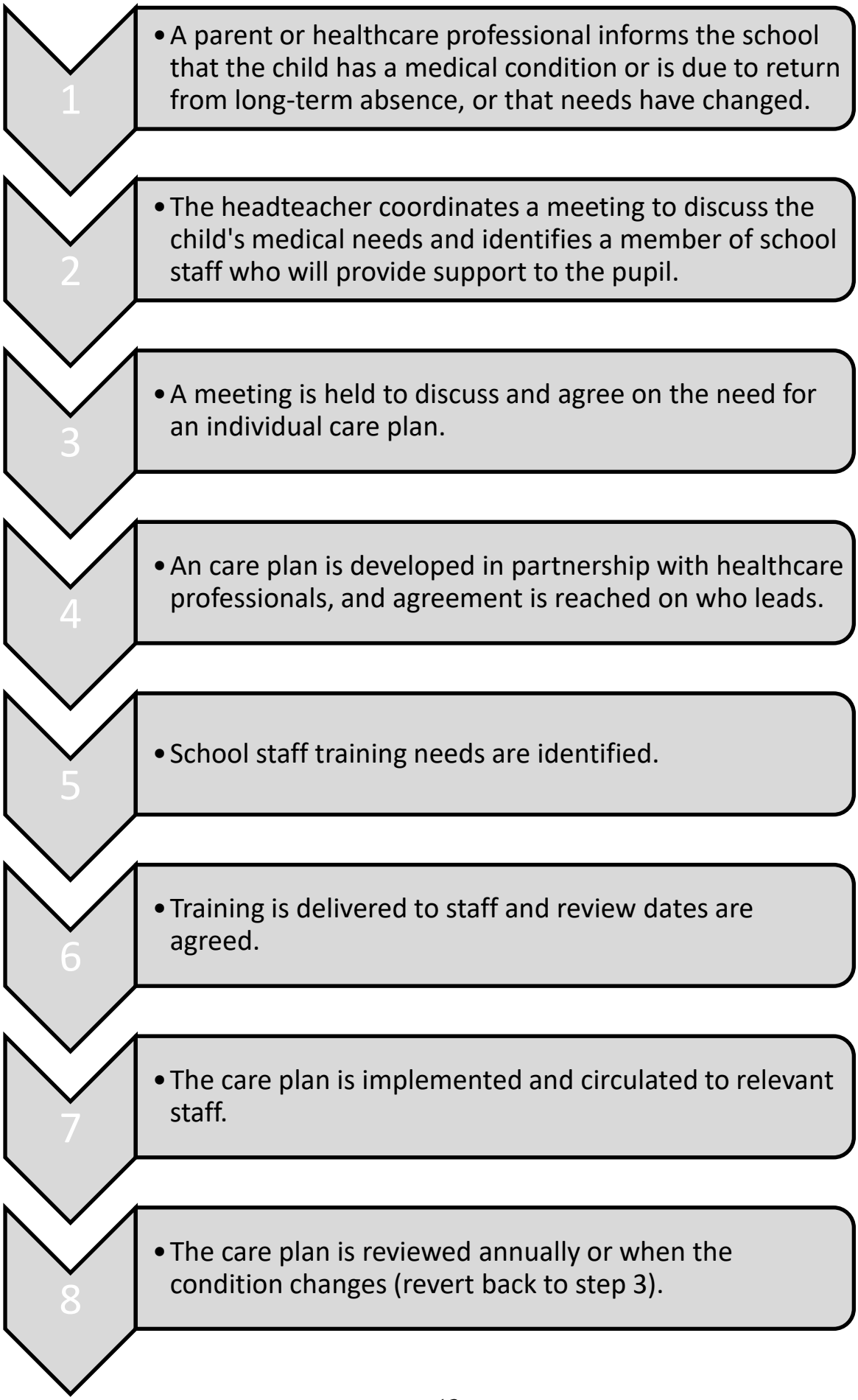
A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

No training is 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 are 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 on AEDs on a termly basis by name of designated person, with a record of all checks and maintenance work being kept up-to-date by the designated person.


1
A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2
The headteacher coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.
3
A meeting is held to discuss and agree on the need for an individual care plan.
4
An care plan is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5
School staff training needs are identified.
6
Training is delivered to staff and review dates are agreed.
7
The care plan is implemented and circulated to relevant staff.
8
The care plan is reviewed annually or when the condition changes (revert back to step 3).

Individual Healthcare Plan (IHP)

Child's name:	
Group/class/form:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	
Review date:	

Family contact information

Name:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	

Clinic/hospital contact

Name:	
Phone number:	

Child's GP

Name:	
Phone number:	

Who is responsible for providing support in school?	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

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

Arrangements for school visits/trips:

Other information:

Describe what constitutes an emergency, and the action to take if this occurs:

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Parental Agreement for the School to Administer Medicine

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

Administration of medication form

Date for review to be initiated by:	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	

Medicine

Name/type of medicine *(as described on the container):*	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions/other instructions:	
Any side effects that the school needs to know about:	
Self-administration – Y/N:	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I understand that I must deliver the medicine personally to:	**Name of staff member**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering 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 the medication, or if the medicine is stopped.

Signature(s)_____ Date _____

Record of Medicine Administered to an Individual Child

Name of child:	
Date medicine provided by parent:	
Group/class/form:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: _____

Signature of parent: _____

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
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