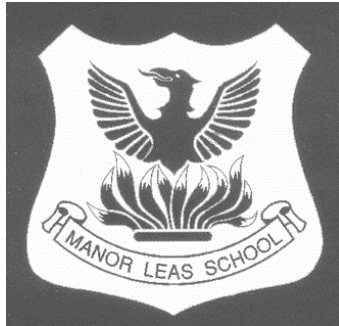


# MANOR LEAS INFANT SCHOOL



## Learning for Life

### Supporting Pupils with Medical Needs Policy

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Committee	FB
Authors	Headteacher

# Supporting Pupils with Medical Needs Policy for Manor Leas Infant School

Children with medical needs have the same rights of admission to our school as other children. Most children will at some time have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with severe allergies.

**The people with responsibility for implementing this policy are the Headteacher and the SENCO**

## 1. Aims

This policy aims to ensure that:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

## 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#). This policy also complies with our funding agreement and articles of association.

## 3. Roles and responsibilities

### The Board of Trustees

The Board of Trustees has ultimate responsibility to make arrangements to support pupils with medical conditions. The board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy
- The governing board delegates the day-to-day implementation of this policy to the Headteacher. If the named person is not the headteacher in your school, amend the following sections to reflect the roles and responsibilities in your school.

### The Headteacher

The Headteacher will

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that systems are in place for contacting external agencies about a child's medical needs
- Ensure that all staff who need to know are aware of a child's condition
- Ensure that staff receive support and appropriate training where necessary;
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- Ensure that parents are aware of the school's policy on the administration of medicines;

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## The SENCo will:

- Liaise with external agencies such as the school nursing service in the case of any pupil who has a medical condition that may require support at school
- Obtain information about a child's medical needs and ensure that this information is kept up to date
- Share information, as appropriate, about a child's medical needs with relevant staff;
- Take overall responsibility for the development and monitoring of IHPs
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date
- Arrange training for staff who support pupils with medical conditions

## Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines. Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. This will be provided for new staff during their induction.

The training will be identified during the development or review of IHPs and will fulfil the IHP requirements. It will enable staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher and SENCo. Training will be kept up to date.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

## Staff will:

- Office staff will, on receipt of medicines, check the child's name; medicine name; prescribed dose; method, time and frequency of administration; any side effects; expiry date and written instructions provided by the prescriber
- Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction;
- Ask the Headteacher (or Assistant Headteacher) to sign to authorise its use
- Ensure that medicines are stored correctly.
- Review the dates of the general first aid stock, including emergency inhalers and epipens
- All staff will ensure that medicines are administered in line with the parental consent form;
- All staff will ensure that a second member of staff is present when medicines are administered;
- All staff will complete the medication report on the online medical tracker each time they administer medication, including the name of the witness
- All staff will ensure that medicines are stored correctly.

## Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs and/or treatment
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP and may be involved in its drafting.

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- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.
- Deliver all medicines to the School Office in person;
- Take responsibility for collecting medicines from the School Office in person;
- Complete and sign the parental agreement form;
- Keep staff informed of changes to prescribed medicines, including any recent doses given at home that may impact administration in school;
- Keep medicines in date – particularly emergency medication, such as adrenaline pens

### **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### **School nurses and other healthcare professionals**

The school nursing service may notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. Healthcare professionals, such as GPs and paediatricians, will liaise with the school staff and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

### **4. Equal opportunities**

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted. The trip leader will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication. Roles and responsibilities of parents/carers as outlined below will apply.

### **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an Individual Healthcare Plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

An individual health care plan will be written for children with long term medical needs, involving the parents and relevant health professionals.

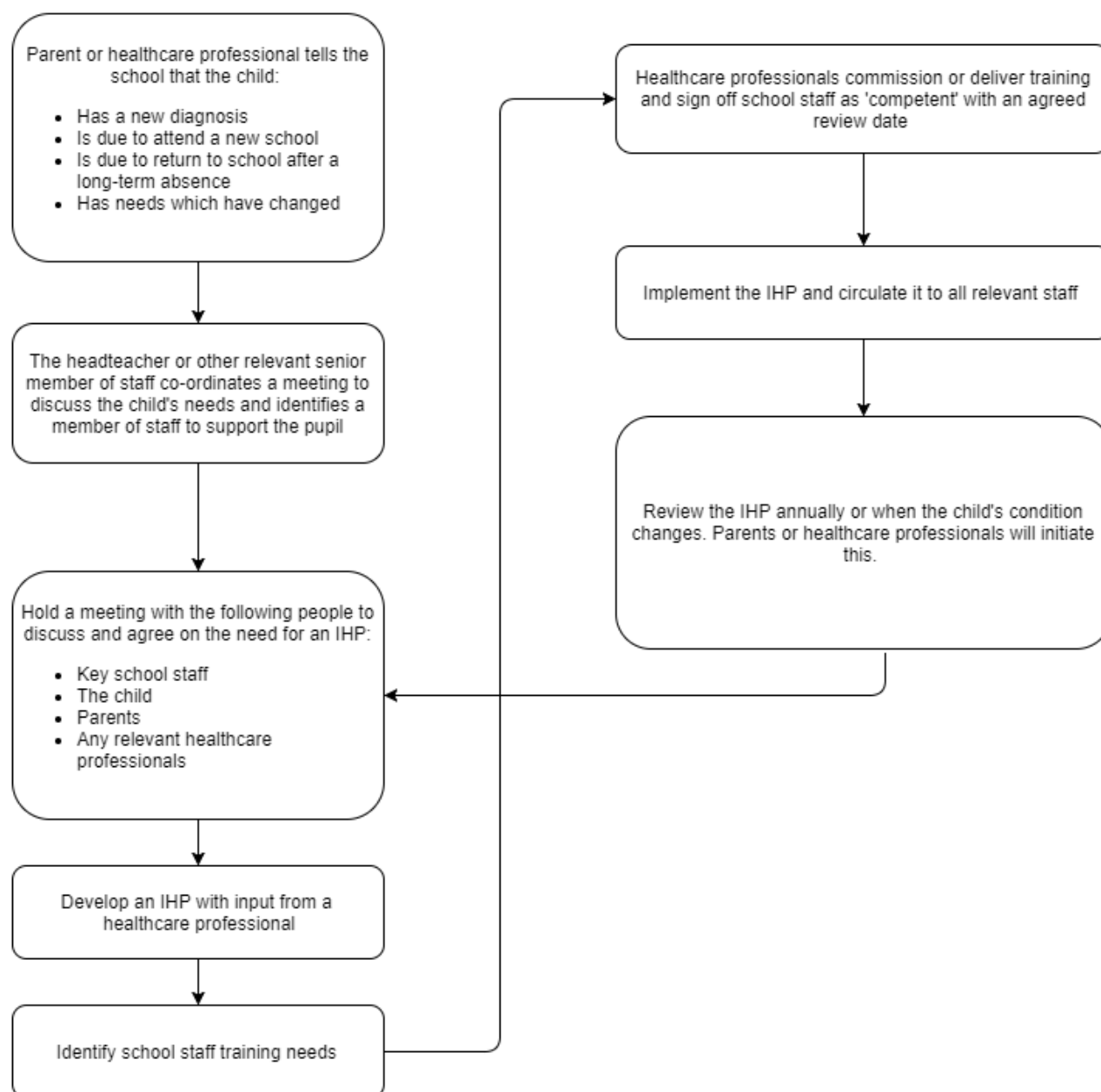
The EYFS framework states that settings must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date.

We will:

- › For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to include any details of any medicine(s) their child needs.
- › Where a pupil has a new diagnosis, parents/carers will be asked to complete a consent form for the administration of medicines
- › Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)
- › Ask parents/carers to confirm prior to any educational visit if the school holds the most up to date medical information

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We ask that parents/carers proactively inform us by either phone call to the school [01522 681810] or an email [enquiries@manorleasinfant.org] if their child's medical needs change during the school year.



### 6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCo. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

## Supporting Pupils with Medical Needs Policy for Manor Leas Infant School

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Board, the Headteacher and the SENCo, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

### 7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The person administering the medicine will keep a record on the online medical tracker or on paper, depending on the nature of the medicine. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible. Pupils will not be given medicine containing aspirin unless prescribed by a doctor.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Prescribed by a qualified medical practitioner
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed. **Medicines that have been prescribed in dose frequencies should be taken outside school hours where possible, unless it needs to be administered at a specific time of day. E.g medicines that need to be taken three times a day could be taken in the morning before school, after school hours and at bedtime.** If a parent wishes to adapt the timing of medicine administration, written confirmation of this must accompany the medication.

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The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be kept in a secure location to prevent other pupils accessing them by accident, but will always be readily available and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

### Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### 7.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- Penalise pupils 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

### 8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

### 9. Storage of Medicines

All medicines should be delivered to the School Office by the parent or carer. In no circumstances should medicines be left in a child's possession. Teachers and Teaching Assistants should not take receipt of any medicines.

All medicines should be stored in accordance with product instructions (paying particular attention to temperature).

Medicines will normally be kept in the medical room or staffroom fridge and should not be kept in classrooms. Emergency medication, such as adrenaline pens and inhalers, may be kept securely in classrooms if appropriate. All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration.

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### 10. Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period.

### 11. Refusal of Medicine

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably practicable.

### 12. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the SENCO. Training will be kept up to date.

Training will:

- > Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- > Fulfil the requirements in the IHPs
- > Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

### 13. Record Keeping

Written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of.

The EYFS framework states that settings must include how they obtain information about a child's need for medicine (see section 5 of this policy), and a system for keeping this information up to date.

We will:

- > Enter each pupil's medicine need in the school's system
- > Update our records when parents/carers of pupils inform us of changes to their child's needs
- > Keep a record of changes, labelling the most recent record for each child
- > Make sure that all staff have access to records so that they are informed about pupils' medical needs
- > Securely hold this information digitally in accordance with the UK GDPR
- > Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

### 14. Confidentiality

The Headteacher and staff should always treat medical information confidentially. The Headteacher should agree with the child/parent who else should have access to records and other information about a child.

### 15. Children with Asthma

Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place such as the teacher's cupboard. Depending on the needs of the individual, inhalers should be taken to all physical activities. Inhalers must be labelled and include guidelines on administration.

It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged. All inhalers are sent home with children at the end of the school year. Inhalers are not stored in school over the summer holidays. It is the parent's responsibility to ensure new and in date inhalers come into school on the first day of the new academic year. Parents are asked to collect out of date inhalers from school. If parents do not pick up out of date inhalers at the end of the school year they are taken to a local pharmacy for safe disposal.

An Asthma Care Plan is given to all parents of children with asthma for completion at enrolment or when a diagnosis is first communicated to the school. Completed Asthma Care Plans are kept on file and stored in the school office and

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in the classroom. The Asthma Care Plans are used to create a centralised register of children with asthma. The Asthma Care Plans also details what medicines and dosage the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition. Parents are expected to update their child's Asthma Care Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse) or their medicines and treatments change. All members of staff who work with groups of children, have access to the inhalers ~~asthma cards~~ of children in their care. When a member of staff is new to a pupil group, the school makes sure that they are made aware of (and have access to) the Asthma Care Plans of children in their care.

Government regulations allow schools to obtain, without prescription, Salbutamol inhalers for use in emergencies. The emergency Salbutamol inhaler is only for use by children, for whom written parental consent for the use of the emergency inhaler has been given (see Appendix 4), who have either been diagnosed with Asthma and prescribed an inhaler, or who have been prescribed an inhaler as a reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken, empty or out of date). A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to Salbutamol (such as Terbutaline). The Salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

To avoid the possible risk of cross infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is a risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of. Spent inhalers will be returned to the pharmacy to be recycled. To do this legally, the school has registered as a low level waste carrier.

### **16. Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

### **17. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

### **18. Liability and indemnity**

The Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The school ensures that we are a member of the Department for Education's Risk Protection Arrangement (RPA).

### **19. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the SENCo in the first instance. If the SENCo cannot resolve the matter, they will direct parents to the Headteacher and if the matter can still not be resolved the parents will be directed to the school's complaints procedure.

### **20. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety

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- Safeguarding
- Special educational needs and disabilities

### **21. Policy Review**

This policy will be monitored by the Headteacher, SENCO and a trustee.

It will be reviewed and approved by a member of the trustee board and presented to the trustee board on an annual basis.