



ELEVATE
(DRIGHLINGTON & ROBIN HOOD
PRIMARY SCHOOLS)
MEDICAL POLICY

DECEMBER 2025
REVIEW DATE: DECEMBER 2027

Medical Policy

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

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 boards 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](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Executive Headteacher / Head of School

The Executive Headteacher / Head of School 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
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 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. This includes the administration of medicines.

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.

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.

3.4 Parents / Carers

Parents / carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 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.

3.6 School nurses and other healthcare professionals

Our school nursing service will 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 schools nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

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.

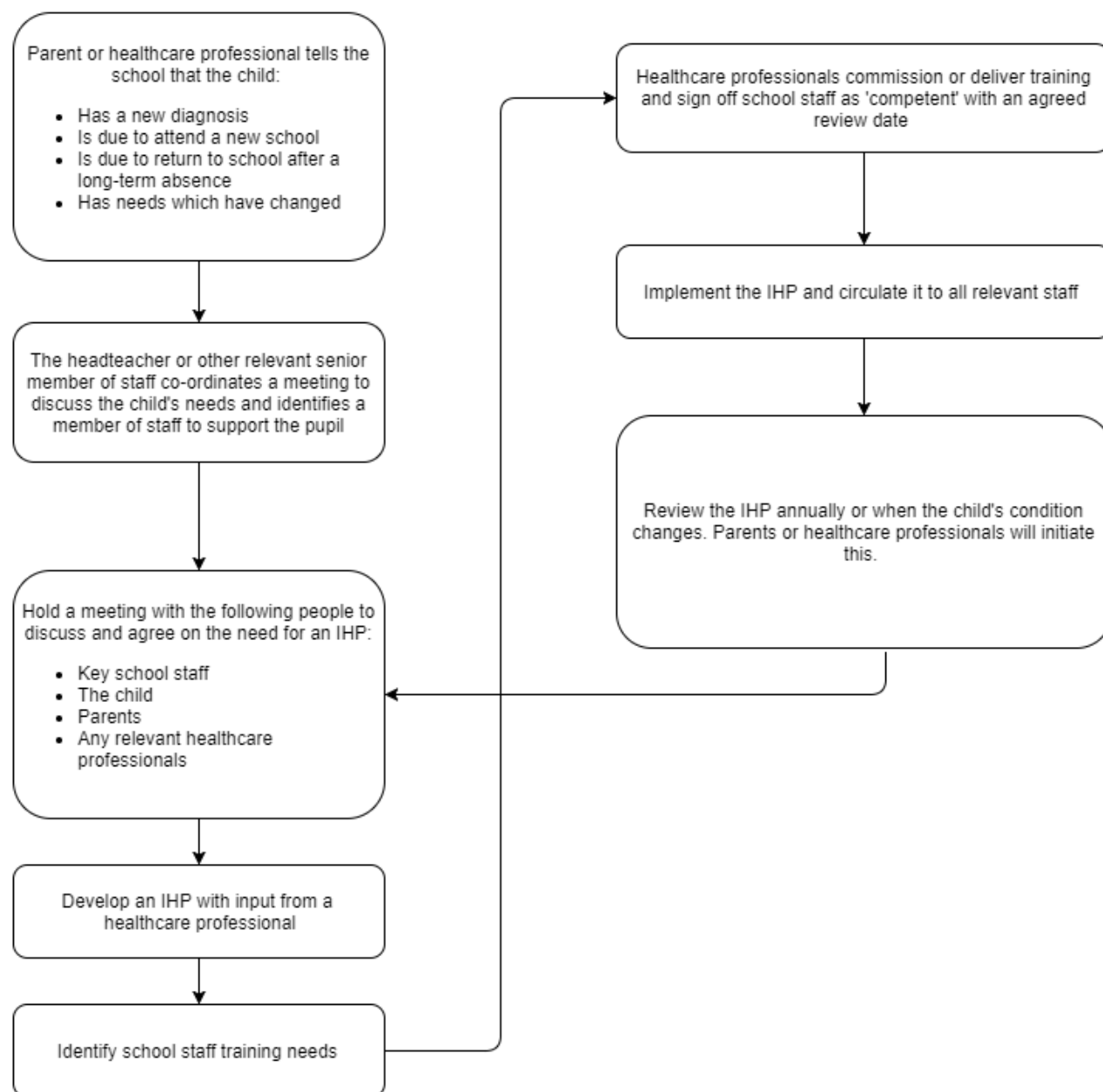
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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.

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 IHP.

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.



6. Individual healthcare plans

The Executive Headteacher / Head of School has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCOs.

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

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 Executive Headteacher / Head of School 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 a statement or 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 governing board and the SENDCos 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 in school

Parents / Carers

The prime responsibility for a child's health rests with the parent or guardian; they are responsible for making sure their child is well enough to attend school. The parent/guardian, or pupil, if they are mature enough, should provide the school with sufficient information about the pupil's medical condition. This should be undertaken in conjunction with the child's GP or paediatrician, as appropriate. Where a child is acutely unwell it is advised that the parent keep him/her at home.

Non-Prescribed medicines

School will not take responsibility for either the storage or the administration of non-prescription medicines. Where a parent/carer feels that non-prescribed medication is necessary, they should – as far as is possible – ensure that doses are given outside of school hours. Where dosage is required during school hours, parents/carers should make their own provision, in agreement with the school, for the administration of the appropriate dosage.

Short term medical needs

At some time during a child's school life they may need to take medication – e.g. either to finish a course of antibiotics or apply a lotion. To minimise the amount of time a child is away from school, it may be necessary to continue the treatment of antibiotics or lotions after the child returns to school to finish the course of medication. Where this happens it is advised that the parent requests that the dose-frequency is prescribed as a 3 times per day rather than 4 times per day dose so that the child need not take the medication whilst at school. Where dosage is required during school hours, the same criteria for administration applies as for non-prescribed medicines. However, if your child attends Friendly Faces, our pre and after school care facility, arrangements can be made to administer medication during the day.

Long-term medical needs

Parents/carers of pupils with long-term medical needs must provide school with sufficient information about their child's medical condition either prior to a child attending school or as soon as the condition becomes known.

Parents must give their written consent for medicines to be administered or observed by a member of the school staff. Without this consent, medicines will not be accepted by the school. Where practicable, the pupil should be allowed to manage their own medication from an early age. Parents must give their written consent and the pupil should be supervised when taking it.

Any member of staff administering medicine or observing it being taken should check:

- the pupil's name;
- that there are written instructions provided by the parent or doctor;
- the prescribed dose and the expiry date of the medicine.

If there is any doubt about these details or they are not provided medication should not be given until the full details are known and parents contacted. Each time a pupil is given medication a record should be made which the person administering the medication signs.

Where invasive or intimate treatments are required, the person carrying out such a treatment should be of the same gender as the child receiving the treatment. Two adults should be present whilst the treatment is carried out unless intimate care procedures indicate otherwise. Those persons who volunteer to provide intimate or invasive treatments must be suitably trained.

Asthma Inhalers

Where pupils are old enough, the school encourages them to take responsibility for their own inhaler and their own use of it. In the case of very young pupils, inhalers will be held in a secure location in the setting by a named adult. All inhalers must have the name of the pupil to whom they belong clearly marked.

Teachers and other school staff

A teacher who has a pupil with long-term medical needs in his/her class should understand the nature of the child's condition and when and where that pupil requires additional attention. In particular, staff should be aware if any emergency is likely to occur and what measures they should take if one does. These measures should be in writing and be readily accessible. Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for children with medical conditions should be provided with sufficient support and advice.

Information and advice should also be provided to the school's first aiders if the child's medical condition has implications for any first aid treatment which may be given.

Refusal to take medicine

No person can be forced to take medicine should they refuse. If a child refuses to take prescribed medicine and the information provided by the child's parent and/or GP suggests that the child is at great risk if they do not take their medication, the parents will be contacted immediately. If a parent cannot be contacted, medical advice should be sought.

Where the information provided indicates that the child will not be at great risk if they do not take their medication, but the parent has informed the school that their child should receive their medication, the parent should be contacted as soon as possible.

School trips

Pupils with medical needs should be encouraged to participate in school trips as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk. It may be necessary for the school to take additional measures for outside visits. These may include:

- additional staff supervision;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets.

When planning trips and visits which will include a pupil or pupils with medical needs, all persons supervising the trip should be made aware of the pupils' medical needs and any emergency procedures that may be needed (unless the parent/guardian does not give their prior consent to do this).

The location to be visited should be made aware that persons with medical needs are included in the group, if this is practicable and if the parents have consented (e.g. on a visit to a museum an appropriate member of the museum staff be made aware of any potential difficulties that may arise – such as a member of the party being epileptic). Where it is unlikely that any difficulties will occur there is no need to inform the place to be visited. If there is any doubt regarding a school trip the school will discuss the trip with the parent and also, if necessary, seek medical advice.

Sporting activities

Most pupils with medical needs should be able to participate in sporting activities either as part of the curriculum or as an extra-curriculum activity. However, some children will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards.

Any members of staff supervising children involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for the child who is

participating in the lesson or activity. For extra-curriculum activity, where a child with a medical need is participating, the level of supervision and risk will routinely be assessed.

Storage & disposal of medicines

If there is no means of eliminating or substituting the hazardous substance controls to reduce any risk of harm to the lowest level that is possible should be implemented. Such controls will include:

- Only storing small amounts such as the amount needed to be taken and/or a sufficient amount for emergency purposes (e.g. adrenaline).
- Storing medicines in a secure place (eg: a locked cupboard) which is labelled accordingly and to which only a duly authorised person has a key, or has access to a key.
- Storing medicines in original containers which are labelled with:
 - the name of the person for whom the medicine is prescribed;
 - the name and constituents (if known) of the medicine;
 - the prescribed dose;
 - the time the prescribed dose is to be taken;
 - who to contact in an emergency;
 - the expiry date of the medicine;
 - the name of the person or organisation responsible for prescribing the medicine;
 - any likely side effects for the person taking the medicine (e.g. harmful or toxic if swallowed, harmful by inhalation, harmful if in contact with the skin or eyes).

Disposal of medicines

Under no circumstances should a school dispose of any prescribed medicine or the container from which it came. The parent of the child for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date 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

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

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.

The school will only accept prescribed medicines that are:

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

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 always be readily available to pupils and not locked away.

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

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 arrives, or accompany the pupil to hospital by ambulance.

9. 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 SENDCos. 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 deal 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 they can recognise and act quickly when a problem occurs.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. 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.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school's insurance policies are with Zurich.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every two years.

14. Links to other policies

This policy links to the following policies:

- Complaints
- Equality
- First aid
- Health and safety
- Safeguarding