Leeds Diocesan Learning Trust (LDLT)

Company Number 13687278

Supporting Pupils with Medical Conditions Policy

LDLT
LEEDS DIOCESAN LEARNING TRUST

Approved by Board of Directors: 28th January 2026
Date of Next Review: January 2028
Responsible Officer: CFO

Contents

Vision Statement

Serving and celebrating our unique schools and communities, we will love, live and learn together. Valuing our pupils, staff, governors and team as people of God, we will deliver transformational learning and the flourishing of all.

Related Policies

- Accessibility plans
- Health and Safety policy
- Critical incident and business continuity plan
- Risk management policy
- Whistleblowing policy

1. Introduction

This policy outlines LDLT's commitment to supporting pupils with medical conditions, ensuring they have full access to education, including school trips and physical education. LDLT is an inclusive Trust that welcomes and supports pupils with medical conditions in all its schools and their communities.

2. Legislation

This policy is based on the Statutory Framework for the Early Years Foundation Stage, statutory requirements under Section 100 of the Children and Families Act 2014, advice from the Department for Education on Supporting Pupils with Medical Conditions at School, first aid in schools and health and safety in schools, Guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- Guidance of the use of adrenaline auto injectors in schools Sept 2017, which states that it is best practice for schools to hold emergency adrenaline auto injectors
- Guidance on the use of emergency salbutamol inhalers in schools March 2015, which states that it is best practice for schools to hold emergency inhalers
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of medical records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our funding agreement and articles of association.

3. Aims

The aims of this policy are to:

- Ensure pupils, staff, and parents/carers understand how pupils with medical conditions will be supported.
- Provide clear roles and responsibilities for governors, school staff, healthcare professionals, parents/carers, and pupils.
- Ensure pupils with medical conditions can participate in school life, remain healthy, and achieve their full potential.

4. Roles and Responsibilities

The Board of Directors

- The Board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.
- Ensuring this policy complies with statutory guidance (DfE's Supporting Pupils with Medical Conditions at School).
- Approving the policy and reviewing it at least every 2 years.
- Holding senior leaders accountable for its implementation across all schools.
- Ensuring the policy aligns with safeguarding, health & safety, and SEND policies.

Headteachers and School Leaders

- Headteachers are responsible for the day-to-day implementation of the policy within their school, ensuring that pupils with medical conditions receive appropriate care and support.
- Assigning a named person (e.g., SENCO or a medical conditions coordinator) to oversee support for pupils with medical conditions.
- Ensuring all Individual Healthcare Plans (IHPs) are in place, regularly reviewed, and accessible to relevant staff.
- Ensuring staff receive appropriate training to support pupils with medical needs, including administering medication and emergency procedures.
- Ensuring there are enough trained first aiders and medical support staff.
- Ensuring all relevant staff (including supply teachers and peripatetic staff) are aware of pupils' medical conditions and how to respond.
- Working with parents, pupils, and healthcare professionals to ensure needs are met.
- Ensuring effective communication with staff about pupils' medical conditions and emergency plans.
- Liaising with the school nursing team, GPs, and other healthcare professionals as needed.
- Ensuring the school has safe storage and administration procedures for medication.
- Overseeing risk assessments for pupils with medical conditions, including for school trips and PE.
- Ensuring emergency protocols (e.g., dealing with asthma attacks, anaphylaxis, or diabetes management) are clear and well-practiced.
- Keeping records of medical incidents and medication administration.
- Reporting to the Local Academy Council and the Trust on medical provision and any issues.
- Ensure that systems are in place for obtaining accurate information about a child's medical conditions and that this information is kept up to date.
- Ensure absences due to medical needs are monitored and alternative arrangements for continuing education are in place.
- Ensuring regular review of Individual Healthcare Plans (IHPs) and updating school procedures as needed.

School Staff

- Supporting children and young people 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 children and young people, although they will not be required to do so unless this is specifically part of their role in school. This includes the administration of medicines.
- Staff will take into account the conditions of children and young people with medical conditions. All staff will know what to do and how to respond accordingly when they become aware that a child or young person with a medical need requires help.
- All staff have a responsibility to:
    - Follow the procedures outlined in this policy.
    - Maintain confidentiality and professionalism in managing pupils' medical conditions.
    - Attend training where required to support pupils safely.
    - Allow pupils to access their medication when needed and follow emergency procedures where necessary without delay

- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure that the necessary medication is taken out on a school trip, out of the classroom or to the field for PE
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities and be aware that they may be experiencing bullying or need extra support
- Understand and follow the emergency procedures set out by the school. (Template 5)

- The Headteacher has overall responsibility for the development of IHCP for pupils with medical conditions.

Parent/Carers

- We expect that our parents/carers will:
  - Provide the school with up-to-date information about their child's medical condition.
  - Only request medicine or medical procedures to be administered at school when it would be detrimental to their child's health or school attendance not to do so.
  - Supply the necessary medication and equipment in the appropriate packaging, ensuring that it is correctly labelled and in date.
  - Provide up to date emergency contact information and ensure that they or another responsible adult are contactable at all times if their child becomes unwell at school, by completing the necessary paperwork. (Template 2)
  - Be involved in the development and review of their child's IHCP and may be involved in its drafting. (Template 1)
  - Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicine and equipment.
  - Immediately inform the office of any changes in their child's medical condition or medication.
  - Be responsible for making sure their child is well enough to come to school and to stay at home when they are infectious to other people or acutely unwell.
  - Ensure that their child has regular reviews about their condition with their doctor or specialist healthcare professional.
  - Pupils who are responsible enough to self-administer their medication, (with written parental permission) are encouraged to do so. Examples would be: applying cream, taking an inhaler or taking medication.
  - Collect any out of date or unused medicine from the school for disposal.
- Parent/carers who do not provide this support should be aware that we may not be able to fully support their pupil's medical condition in school.

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 IHCPs. They are also expected to comply with their IHCPs.
- Pupils will:
  - Tell their parents/carers, teacher or nearest member of staff when they or another child is not feeling well or needs medical support.
  - Know how to gain access to their medication (includes emergency medication) and treat all medication with respect.
  - Where appropriate, take responsibility for managing their own medication and health needs.
  - Treat other children with and without a medical condition equally.

5. Being notified that a child has a medical condition

When a school is notified that a child / young person has a medical condition, the process outlined below will be followed to decide whether the child / young person requires an IHCP.

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

When notification of a child with a medical condition is received, schools will:

- Gather all the required information by providing parents / carers with the appropriate form and having follow-up conversations where necessary. (Template 6)
- Where possible, make appropriate arrangements for staff to administer any medication or medical procedures and to receive whatever training is necessary.
- Where required, instigate an IHCP. (Template 1)

6. Individual Healthcare Plans (IHCPs)

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

NB Please note that the IHCP would normally cover everything that would be covered in a Risk Assessment, so it is unlikely that a separate risk assessment would be required.

The Headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

The school will work with the nursing team to support the medical needs of children. This may include assistance with IHCP's, medication, staff training on administering medication and supporting the child. Health care professionals, such as GPs and paediatricians will liaise with the School Health Service and Nursing Team and notify them of any children identified as having a medical condition.

Not all pupils with a medical condition will require an IHCP. It will be agreed with a Health care professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision. Any decisions made and the reasons for them must be adequately recorded, and the information shared with parents unless there is a safeguarding concern.

IHCPs will be linked to, or become part of, any Education, Health and Care plan (EHCP). If a pupil has SEN but does not have an EHCP, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher/role of individual with responsibility for developing IHCPs, (Template 1) will consider the following when deciding what information to record on IHCPs:

- 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. (Template 3)
- 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.

If a child has long term or complex medical needs or requires hospital or clinical treatment the IHCP should be taken with them.

7. Medication management

If a child suffers regularly from frequent or acute pain the parents/carers will be encouraged to refer the matter to their child's GP.

Administration of medication

- We will only administer medication at school when it is essential to do so and where not to do so would be detrimental to a child's health. EG a dose of 3 times a day rather than 4 times per day would be taken at home.
- We will only accept medication that has been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are in-date, labelled and 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.
- Non-prescribed medication can only be administered in a school/setting where it is absolutely essential to the child's health and where it cannot be taken out of the schools/settings hours. All non-prescribed medicines must be authorised by the Headteacher.
- When non-prescribed medicine is administered a written parental consent form must be filled in and a record of administration must be kept. (Template 2)
- All medication, prescribed or unprescribed, given to a pupil must be recorded (Template 4)
- The school/setting should ensure they treat the non-prescribed medication the same as if it were prescribed i.e. Checking the packaging, expiry date, dosage, administration instructions, correct storage etc.
- Non–prescribed medication should be provided by the parents. The school will not routinely hold their own stocks of medication.
- We will not give Aspirin to any child under 16 unless it is prescribed.
- We only give medication when we have written parental permission to do so.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or it is in their job description.
- For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils but only with a parent's written consent. (Template 2)
- Some medicines require staff to receive specific training on how to administer it from a registered health professional.

8. Self-management

We will allow and encourage children who are competent to do so, to manage their own medication. This will be based on discussions with the child and their parents/ carers. Specific written consent from parents / carers will still be required. Where necessary we will supervise the child whilst they are taking it.

LDLT allows the following medication / medical equipment to be self-administered where it is deemed they are competent, and it is safe to do so:

- Asthma inhalers

- Auto Injection devices
- Paracetamol
- Allergy medication
- Diabetes devices / insulin
- Other medication may be requested and will be considered on a case-by-case basis.

If a healthcare professional has identified a medical condition where a child needs to carry his/her own medication, then the school will discuss the request with the professional and a parent/carer will be asked to complete a Request for Child to Carry his/her Medicine (Template 14). This would be an exceptional circumstance and not part of the school's routine systems.

9. Refusal to take medicine

We will not force a pupil to take medication / undergo a medical procedure should they refuse.

If information provided by the parent / carer and/or GP suggests that the pupil is at great risk due to refusal we will contact parents / carers immediately and may also seek medical advice and/or emergency services support.

Where the information provided indicates that they will not be at great risk, but parents / carers have informed us that the medication / medical procedure is required we will contact the parent / carer as soon as possible.

10. Storage of medication/ medical devices

- The Headteacher ensures the correct storage of medication at school.
- The Headteacher / named person ensures the expiry dates for all medication stored at school are checked termly and informs parents by letter in advance of the medication expiring.
- Some medications need to be refrigerated. These are stored in a clearly labelled airtight container in the fridge. This area will be inaccessible to unsupervised pupils.
- 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.
- Parents are asked to collect out of date medication.
- If parents do not collect out of date medication, it is taken to a local pharmacy for safe disposal.
- Sharps boxes will be used for the disposal of needles. Sharps boxes must be supplied by the parent/carer as part of the IHCP.

11. Emergency Salbutamol Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 schools have been allowed to buy salbutamol inhalers, without a prescription, for use in emergencies. An emergency salbutamol inhaler can only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication (template 8). The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

LDLT has chosen to hold emergency inhalers in its schools. The lead first aider is responsible for maintaining the consent records and emergency inhaler kits.

Use of an emergency inhaler will be recorded as any other medication (Template 4). This will include where and when the attack took place (e.g. PE lesson, playground, classroom) and how much medication was given. The child's parents will be informed in writing so that this information can also be passed onto the child's GP. (Template 10)

12. Epi-Pens (Adrenaline Auto Injectors)

Pupils and adults who have a sudden and severe allergic reaction to a foodstuff; insect bite or other external irritant may become ill quite quickly. Epi-Pens are considered to be a risk-free treatment. Staff are trained to administer the Epi-pen, which is a one-shot injection that may save a life and at the worst they are likely to have no or little ill effects.

LDLT has chosen to hold emergency Epi-pens in its schools. The following procedures are followed:

- Epi-pens are stored in an area which is dry and at a constant temperature. Where possible we aim to keep a minimum of two Epi-pens on site in the event that one fails or that the first dose is not effective.
- The use by date of each pen should also be monitored termly to ensure they are within the effective date for use.
- Example IHCPs for the 3 common types of epi-pens and for anaphylaxis without an epi-pen are in template 12.
- The use of an epi-pen will be recorded in the same way as other medications. (Template 4)
- The parents/carers are to be informed immediately by phone and in writing on the same day. (Template 11)
- Staff that have been trained must only administer the epi-pen.
- X2 emergency epi-pens are kept by the school and can be used if an existing epi-pen user's one has failed. Emergency consent forms are filled by parents beforehand and kept on file. (Template 9)

13. The school defibrillator

Where LDLT schools have a defibrillator, they must adhere to the following:

- The Headteacher/named person is responsible for checking the unit is kept in good condition eg. checking the battery and replacing when necessary.
- All school staff are trained frequently.
- If the defibrillator is accessible to the public outside of school, then the school is to notify the local NHS ambulance service if this.

14. Emergency Procedures

All staff will be trained in responding to medical emergencies and follow the school's normal emergency procedures (Template 5)

IHCPs will clearly outline emergency procedures, specifically for that particular child.

Staff will not take pupils to hospital in personal vehicles; an ambulance will be called when necessary.

If parents are not available when a pupil needs to be taken to hospital, a member of staff will accompany the child and school will phone the parent/s to meet the ambulance at hospital. The member of staff will stay with the pupil until a parent arrives. Health professionals are responsible for any decisions on medical treatment in the absence of a parent.

15. School Trips, off site activities and Physical Activities

Pupils with medical needs will be encouraged to participate in educational visits and physical activity, as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk.

School trips

When planning trips and visits which will include a pupil with medical needs, all persons supervising the visit should be made aware of those conditions and any emergency procedures that may be needed. Staff organising a school trip will:

- Conduct a risk assessment and make adjustments where necessary.
- Take the child's medication and emergency action plans on the school trip with any necessary adjustments agreed by the parent/carer.

Additional measures may be deemed necessary, if so, 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.
- Informing the visit location that a child with a medical condition is in the party (with prior consent from the parent/carer)

Sporting activities

- Schools will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Individual Healthcare Plan.
- Staff supervising sporting activities will be made aware of relevant medical conditions. Arrangements will be made to meet the needs of children who require precautionary measures before or during exercise e.g. inhalers readily available.
- Where a pupil with a medical condition is participating in a school-led extra-curricular sporting activity, the level of supervision will be assessed and if necessary adjusted to meet their needs.

16. Staff Training

Staff who support pupils with specific medical conditions must receive additional training from a registered health professional. Training requirements are determined via Individual Health Care plans. The Headteacher / named person is responsible for ensuring staff are suitably trained by liaising with the relevant healthcare professional.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist is sufficient and the Headteacher / named person will determine this.

- All staff will receive general awareness training on common medical conditions such as asthma, epilepsy, and allergies. This training will be refreshed every 3 years and recorded.
- Specific training will be provided to staff responsible for administering medication or medical procedures.
- New staff must have training on medical conditions.

17. Data Protection

We will only share information about a pupil's medical condition with those staff who have a role to play in supporting that child's needs. In some cases e.g. allergic reactions it may be appropriate for the whole school to be aware of the needs. In other cases e.g. toileting issues, only certain staff involved need to be aware. We will ensure we have written parental permission to share any medical information.

Schools will ensure that 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.

18. Unacceptable Practices

All LDLT staff must use their discretion about individual cases and refer to a pupil's Individual Healthcare Plan, where they have one, however; it is not acceptable to:

- Prevent pupils from accessing their inhalers, medication or administering their own medication when and where necessary.

- Assume all pupils with the same condition require the same treatment.
- Ignore the views of the pupil and their parents/carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send pupils 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 IHCPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- 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 child, 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 them participating, in any aspect of school life, including school trips.
- Administer, or ask pupils to administer, medicine in school toilets.

19. Complaints

If parents / carers or pupils have any issues with the support provided they should initially contact the Headteacher to discuss their concerns. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the Trust's complaints procedure which is published on the LDLT website.

20. Templates

- Template 1: individual healthcare plan
- Template 2: parental agreement for setting to administer medicine
- Template 3: record of medicine administered to an individual child
- Template 4: record of medicine administered to all children
- Template 5: contacting emergency services
- Template 6: model letter inviting parents to contribute to individual healthcare plan development
- Template 7: Emergency Salbutamol Inhaler Kit List & Checks Record
- Template 8: Parental permission form to allow their child to use an emergency inhaler
- Template 9: Parental permission form to allow their child to use an emergency Epi-Pen
- Template 10: Letter informing a parent that you have used an emergency inhaler for their child
- Template 11: Letter informing a parent that you have used an emergency Epi-Pen for their child
- Template 12: Allergy Action plan
- Template 13: Asthma Action Plan
- Template 14: Request for child to carry his/her medicine