



Policy for Supporting Pupils at Thomas Gray Primary with Medical Conditions

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Headteacher's Signature Date	
Chair of Governor's Signature Date	



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1. Purpose

The purpose of the Policy for Supporting Pupils at School with Medical Conditions is 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 Body will implement the 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)

This policy meets the school's statutory requirements under section 100 of the [Children and Families Act 2014](#) which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This Policy pays due regard to the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#). – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015)

[Ensuring a good education for children who cannot attend school](#) because of health needs – Statutory guidance for local authorities (January 2013)

[Templates - Supporting pupils with medical conditions](#)

[Supporting pupils with medical conditions: links to other useful resources](#)

2. Roles & Responsibilities

2.1 Governing Body

The Governing Body must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that



sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

2.2 The Headteacher

The Headteacher will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans, will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will ensure that contact is made with health care professionals in cases where further guidance to support the management of the pupil's health need is required. This may include signposting to other health care professionals or organisations. The development of healthcare plans has been delegated to the school SENCOs – Laura McGaw, Sam Briscoe and Amy Bell.

2.3 Parents

Parents will provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Where a child is identified as having complex health needs which may require additional staff funding, or the management of more specialised equipment school will consult the Complex and Sensory Team within the Inclusion Service.

2.4 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

2.5 School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required



to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

2.6 School Nurses and Health Practitioners

School Nurses or other qualified healthcare professionals will:

- Notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.
- The School Nurse would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but can support staff on implementing a child's individual healthcare plan (if required) and provide advice and liaison.
- The School Nurse / specialist nurse is able to provide support and training to school staff to administer medications covering the following conditions:
 - Epipen (for allergies)
 - Buccal Midazolam (for epilepsy)
 - Inhalers (for asthma)

2.7 Other Healthcare Professionals

Other healthcare professionals, including GPs, paediatricians and mental health professionals, may communicate with schools when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3. Staff Training & Support

Any member of school staff providing support to a pupil with medical needs should have received suitable training.

All staff in the school are made aware of any pupils with additional medical needs and the systems in place to support them. This information is regularly updated. All staff understand their duty of care to pupils at all times and in the event of an emergency. Action required in an emergency for the common serious conditions is displayed in



prominent locations for staff (classroom, staff room and care plan/SEN plans and folders).

All staff supporting pupils with medical needs will receive relevant training. Training provided will be planned in conjunction with the school lead and relevant external medical professionals. Training for staff will be at a level which ensures staff members are competent and have confidence in their ability to support pupils effectively in a medical emergency and to fulfil the requirements set out in their individual healthcare plans. Training will be refreshed on an annual basis or as required, and records will be kept by the school detailing training provided and who attended. The record will be reviewed at least annually to ensure staff are suitably trained.

If there is a need for a child to be taken to hospital the parent will be informed, a member of staff (wherever possible someone familiar to the child) will always accompany the child and stay with them until a parent or responsible family member arrives. The school will ensure a copy of the child's healthcare plan is taken to the hospital with the child to ensure they have an instant reference to the child's medical need.

All staff accompanying children on off-site visits will be made aware of pupils with medical conditions involved in the trip, as part of the trips risk assessment and the child will always be accompanied by a member of staff that has had training on their condition.

4. Managing Medicine on School Premises

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

- no child under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- the school has clear arrangements in which non-prescription medicines may be administered
- children under 16 will never be given medicine containing aspirin unless prescribed by a doctor
- medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents



- where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours
- schools will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- all medicines should be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school
- self-management by pupils; wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines

4.1 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.



A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure locked cupboard in the main office and only the headteacher, office staff and first aiders will 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.

5. Record Keeping

The Governing Body and Headteacher will ensure that written records are kept of all medicines administered to children – including medication refusals or errors.

6. Pregnant pupils and school age parents

The Complementary Education Service supports the continuing education of support pregnant pupils and school age parents. Referrals for support can be made by schools to the Monitoring and Placement Group.

7. Individual Health Care Plans

The headteacher has overall responsibility for the development of IHPs and EHCPs for pupils with medical conditions. This has been delegated to the school SENCOs – Laura McGaw, Sam Briscoe and Amy Bell.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Special consideration needs to be given to reviewing the plan when a young person is transitioning to a different setting or reintegrating back into school after a period of absence.

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 headteacher will make the final decision.

Plans will be drawn up in partnership with the school and parents/carers with advice from a relevant healthcare professional, a specialist nurse, allied health professional or paediatrician who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. If healthcare professionals cannot offer advice in person, they may provide written guidance or information.



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 Body and the headteacher and SENCos with responsibility for developing IHPs, 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
- Who outside the school needs to be aware of the pupil's condition and the support required (with appropriate consent from the young person and family) – for example school transport provided by local authority
- 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. Please consider large or split school sites
- 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 medication administration errors), including who to contact, and contingency arrangements



8. Emergency Procedures

Thomas Gray has arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Thomas Gray is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

Healthcare Plans are used to identify individual pupils who are sensitive to particular triggers. The school has these details noted in the child's health care plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

Parents are sent a school trips form to be completed and returned to school shortly before their child leaves for a school trip. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors so that they can fully support the child's medical needs. This also includes information about medication not normally taken during school hours.

All school trip forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medications. If the form includes current issues of medication - a discussion is held with the parent about how the medical condition will be managed whilst on the trip.

Full health and safety risk assessments are carried out prior to any out-of-school visit and medical conditions are considered during this process.

Factors we consider include: how all pupils will be able to access the activities proposed how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits.

Thomas Gray Primary staff ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems. Emergency treatments (for example asthma inhalers/adrenaline auto injectors) are always available in school and on school trips. If a child needs to be taken to hospital, staff stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.



9. Equal Opportunities

The Governing Body will ensure that the school enables 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 school acknowledges the [Equalities Act 2010 and schools](#) and works proactively to support all its pupils.

10. Unacceptable Practice:

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- 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 individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children 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, 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 should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child
- Use stigmatizing or discriminative language and behaviour towards the child's medical condition or its symptoms



11. Attendance

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or as a result of an increase in symptoms or deterioration of their overall health condition.

Parents have a responsibility to advise schools of any planned appointments or predicted absence due to surgery/therapeutic intervention. Schools have a responsibility to [code this absence appropriately](#).

If absence due to a medical condition is noted to be for more than 15 days, schools can refer to the Complementary Education Service for further advice and support.

12. Liability & Indemnity

The Governing Body and the Headteacher ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Health and Safety will complete a risk assessment for the individual child.

13. Complaints

Please refer to the complaints procedure on the school website for further information.