



Abbeywood First School

Supporting Pupils with Medical Conditions Policy

Date policy last reviewed: December 2025

Signed by:

Zoe Gilmour

Principal

Date: 10th December

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Chair of governors

Date: 10th December

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Statement of intent

Section 100 of the Children and Families Act 2014 places a duty on the Local Academy Governing Board (LAGB) to make arrangements for supporting pupils at school with medical conditions.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

Teachers and school staff in charge of pupils have a common law duty to act in the place of the parent/carer (in loco Parentis) and may need to take swift action in an emergency. This duty also extends to teachers/adults leading activities taking place off the school site.

This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent/carers, who are responsible for the child/young person's (CYP) medication, and should supply the school with all the necessary information.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

All schools must have a policy to make arrangements to support children with medical conditions and to be able to demonstrate that this is implemented effectively.

[Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/2014/04/01/supporting-pupils-at-school-with-medical-conditions) April 2014 Pupils' medical needs may be broadly summarised as being of two types:

1. Short term - affecting their participation in school activities because they are on a course of medication.
2. Long-term - potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case Abbeywood First School ("the school") will comply with their duties under that Act. Some children may also have special educational needs and / or disability (SEND) and may have an Education and Health IHC (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice 2015. [SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/262322/SEND_Code_of_Practice_2015.pdf)

If a child is deemed to have a long-term medical condition, the school aims to ensure that arrangements are in place to support them, and that such children can access and enjoy the same opportunities at school as any other child.

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

The school, health professionals, parent/carers and other support services will work together to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school/online education e.g., Nudge, KIP McGrath.

Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Healthcare professionals, including the First Aider Team, will be asked to provide any necessary training and subsequent confirmation of the proficiency of staff to carry out a medical procedure, or in providing medication.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Pupil Drug and Alcohol Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy

- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy
- Admissions Policy

Roles and responsibilities

The governing board will be responsible for:

- 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.
- Pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Sufficient staff having received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Any members of school staff who provide support to pupils with medical conditions are able to access information and other support materials, as needed.

The principal will be responsible for:

- Reviewing this policy alongside the governing board and first aid members of staff.
- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHCPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHCPs.
- Aware of the insurance arrangements.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHCP.

- Carrying out any agreed actions contained in the IHCP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHCP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions.
- Taking into account the needs of pupils with medical conditions in their lessons
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

First aid trained staff will be responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Providing support to pupils with medical conditions, administering medication when required to in accordance with IHCPs.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the First Aider when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHCPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the First Aider and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more due to a medical condition, the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

As part of the induction process, parent are asked if their child or young person (CYP) has a medical condition. If a long-term medical need is identified, the parent/carer may be asked to help complete an Individual Health IHCP (IHCP) for their CYP, in conjunction with any relevant medical professional. Copies of reports from medical professionals should be provided.

Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school office will inform first aiders and the principal.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will

be assessed by the school leadership team through the review of IHCPs, on a **termly** basis for all school staff, and when a new staff member arrives.

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

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHCPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training for specifically identified needs in the school will be carried out on a **termly** basis for all staff and included in the induction of new staff members.

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

Training will be commissioned by the SBM and provided by the following bodies:

- Commercial training provider
- The First Aider
- GP consultant
- The parents of pupils with medical conditions

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

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

Self-management

It is not possible for pupils to carry their own medicines or devices (excluding glucose monitors), they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's Health IHCP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence, and appropriate disciplinary action will be taken.

Individual health Care Plans (IHCP)

The school, healthcare professionals and parents agree, based on evidence, whether an IHCP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the principal will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHCPs. Where appropriate, the pupil will also be involved in the process.

IHCPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the principal for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency health care plan prepared by their lead clinician, this will be used to inform the IHCP.

The IHCP will be developed with the child's best interests in mind. In preparing the IHCP the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

IHCPs will be easily accessible to those who need to refer to them (in the red folder in the pupil's classroom) but confidentiality will be preserved.

Where a pupil has an EHC plan, the IHCP will be linked to it or become part of it.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHCP identifies the support the child will need to reintegrate.

All IHCPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Managing medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent.

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

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

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

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold an asthma inhaler for emergency use. The inhaler will be stored in the central medical bag and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

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

Non-prescription medicines

The school is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines. These can be administered by the parent. To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines. Abbeywood will only accept prescription medication.

The school will also ensure that the following requirements are met when agreeing to parents administering non-prescription medicines during the school day.

- Non-prescription medicines will not be administered on site for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in and take it away each time.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date.

Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The principal and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHCP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the kitchen.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via a two-way radio. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a **monthly** basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the kitchen area, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

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

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

Emergency procedures

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

Where an IHCP is in place, it should detail:

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

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits. A copy of the IHCP will be taken on the trip, residential / sporting activity.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHCP.
- Send an unwell pupil to a first aider alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Liability and indemnity

The school will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with RPA insurance covering liability relating to the administration of medication.

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

Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the parent with LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

Defibrillators

Location: on top of the fridge / freezer in the kitchen. The school has an Automated External Defibrillator (AED) "Grab and Go".

- Key staff members and pupils are aware of the AED's location and pupils are informed through assemblies.
- A risk assessment regarding the storage and use of AEDs at the schools has been carried out.
- No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, named staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.
- The emergency services will always be called where an AED is used or requires using. Maintenance checks will be undertaken on AEDs on a weekly basis by the Lead First Aider, with a record of all checks and maintenance work being kept up to date by the designated person. Refrigerator temperature is also checked.

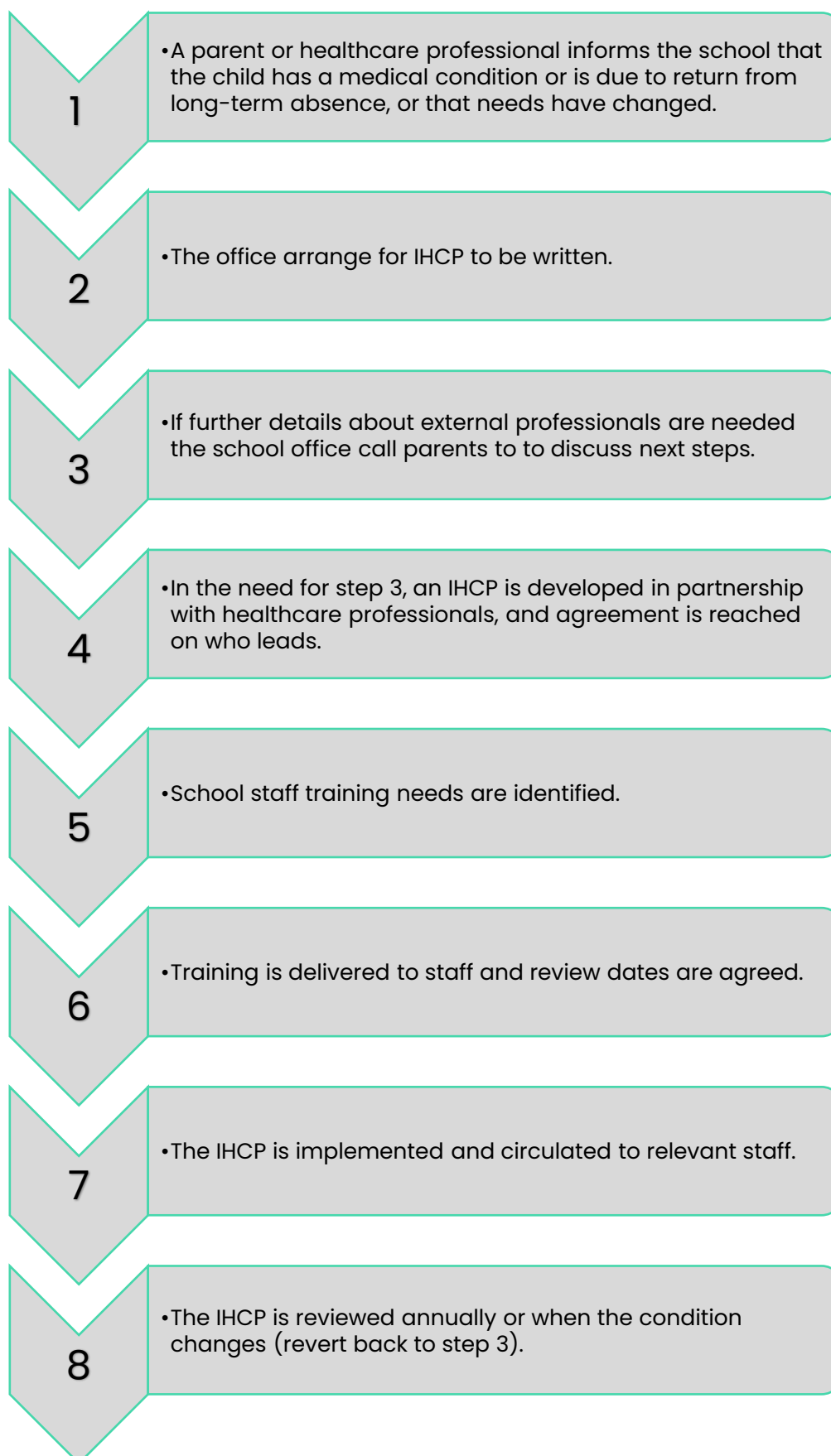
Monitoring and review

This policy is reviewed on an annual basis by the governing board, first aid lead and principal. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is **December 2026**.

Individual Health Care Plan Implementation Procedure

For pupils with specific health care needs the following process will be followed



Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: **01527 962794**
- Your name.
- Your location as follows: **Abbeywood First School, Wood Piece Ln, Church Hill Way, Redditch**
- The postcode: **B98 9LR**
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.