



Supporting Pupils at School with Medical Conditions Policy

(Including Asthma Policy)

Recommended by: Trust Director of SEND

Approved by: Trust Board

Ratified by: Local Academy Governing Board

Signed: 

Position on the Board: LAGB Chair

Ratification Date: Autumn Term 2025

Next Review: Autumn Term 2026

Policy Tier (Central/Hub/School): School

Introduction:

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.

Background

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 \(publishing.service.gov.uk\) April 2014](https://publishing.service.gov.uk/2014/04/23/supporting-pupils-at-school-with-medical-conditions) 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 Church Hill Middle 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 Healthcare Plan (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/432664/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 School Nurse 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 legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)

- The Children Act 1989 • The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Code of Practice 2015
- The Human Medicines (Amendment) Regulations 2017

This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 025 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years' • Department of Health (2017) 'Guidance on the use of adrenaline autoinjectors in schools' • Worcestershire Children's First Guidance to Worcestershire Schools (2020)

This policy has due regard to the following school policies:

- SEND & Inclusion Policy
- SEND Information Report
- Complaints Procedure Policy

Roles and Responsibilities (as detailed in the statutory guidance)

The Local Academy Governing Board:

- **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 pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- **should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.** They should also ensure that 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:

- should ensure that their school's policy is developed and effectively implemented. - should ensure that all staff members are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- should ensure that all staff members who need to know are aware of the child's condition.
- should ensure that sufficient trained numbers of staff are available to implement the policy and deliver all individual healthcare plans, including in contingency and emergency situations.
- has the overall responsibility for the development of individual healthcare plans. - should contact the school nursing service in the case of any child 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 team.

Liability and Indemnity

The governing board ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with RPA (Risk Protection Agency) covering liability relating to the administration of medication and healthcare procedures. The policy has the following requirements that **all staff must have undertaken appropriate training**.

School Staff:

- any member of 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 consider 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 the school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Defibrillators – Location: Opposite Medical room / by school office 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.

The School Nurse Team:

- is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example with training.
- can liaise with lead clinicians locally about appropriate support for the child and associated staff training needs. Other healthcare professionals, including GPs and Community Paediatricians, Consultants, Occupational Therapists and Physiotherapist - should notify the school nurse (if in place) when a child has been identified as having a medical condition that will require support at school. - may provide advice about developing healthcare plans.
- may be able to provide support in schools for children with particular conditions e.g., asthma, diabetes, epilepsy.

Pupils with medical conditions (where appropriate for their age and competence) - can sometimes be best placed to provide information about how their condition affects them.

- 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 where appropriate.
- where appropriate should be allowed to monitor and treat their own condition with minimal supervision to encourage independence.

Parent/Carers:

- should provide the school with sufficient and up-to-date information about their child's medical needs.
- should be involved in the development and review of their child's individual healthcare plan and should be involved in its drafting.
- 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.
- must ensure that all prescribed medicines are supplied to the school in the original packaging, with a pharmacy label containing the child's details, including precise dosage. The medicine must be in date and any contents also labelled with a pharmacy label, for example, inhalers.
- must ensure all medicines including over the counter products (OTC) are prescribed by a healthcare professional, i.e., GP/Consultant. If a child requires an OTC medicine on a regular basis, it ought to be prescribed by a GP and will then be managed as part of a short-term medical requirement. The school will only accept over the counter medication for administration to pupils if a letter is received from a GP, Consultant or other Healthcare professional detailing the child's condition, what medication should be administered, when it should be administered and in what dose. It will be the Parent/Carer's responsibility to obtain this letter.

Parent/carers will also be required to complete a form at the school office giving their authority to administer the medication.

In exceptional circumstances where documentation from a healthcare professional is unavailable, not forthcoming or the pupil has a documented medical condition, the First Aid Lead and Principal has the discretion to accept medication to be administered.

Local Authorities:

- under section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education.
- should work with schools to support pupils with medical conditions to attend full time. - where a pupil would not receive suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements. - statutory guidance for local authorities, "Ensuring A Good Education for Children Who Cannot Attend School Because Of Health Needs, January 2013", sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Procedures at Church Hill Middle School:

Church Hill Middle School may be notified that a child has a medical condition when he/she first joins the school, often at the start of year 5, or at a later date, following a new diagnosis.

Starting at Church Hill Middle School:

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

See Microsoft form link (based on NHS form: <https://forms.office.com/e/G2UdnaTLUN>)

Pupil receiving a new diagnosis:

The school may be informed by a pupil's parent/carers, or a medical professional, that a pupil has a newly diagnosed illness or medical condition. The parent/carers will be asked to complete an Individual Health Care Plan for their child. Copies of reports from medical professionals should be brought to this meeting.

Following Notification of a Long-term Medical Condition:

- The school will make every effort to ensure that arrangements are put in place as soon as possible. - If the child will require the administration of medication of any kind, a consent form must be completed by the Parent/Carer which will be signed by a First Aider at the School Office, together with the medication in its original packaging, with the dosage regime clearly printed on the outside, together with the child's name and date of issue. - In making the arrangements, the school will consider that many of the medical conditions that require support at school will affect quality of life and may be life threatening. - The school will also acknowledge that some medical conditions will be more obvious than others. - The school will therefore aim to ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. - The school will endeavour to make sure that arrangements give Parents/Carers and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- The arrangements will demonstrate an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. - The school will ensure that staff members are properly trained to provide the support that pupils need.
- The school will ensure that arrangements are clear and unambiguous about the need for supporting pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, unless it would not be in their best interest owing to their health needs.
- The school will make arrangements for the inclusion of pupils in such activities, with any adjustments, as required; unless evidence from a clinician such as a General Practitioner (GP) states that this is not possible.
- The school aims to ensure that no child with a medical condition is denied admission or prevented from attending because arrangements for their medical condition have not been made.
- However, in line with our Safeguarding duties, the school will ensure that a pupil's health is not put at unnecessary risk from, for example, infectious diseases.
- The school will therefore not accept a child in school at times where it would be detrimental to the health of that child and/or others.
- In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some sort of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.
- Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff members are aware of emergency symptoms and procedures.
- It may be necessary to make special arrangements for a pupil on reintegration, following illness; or whenever a pupil's needs change, including arrangements for any staff training and support.
- If a pupil with a long-term medical condition transfers to another school, arrangements will be made, in consultation with the Parent, to ensure that all the relevant information is communicated to the new school.

Individual Health Care Plans (IHCPs):

It is the responsibility of all members of staff supporting the individual child to ensure that the Individual Health Care Plan is followed.

The class teacher will remain responsible for the child's educational development and ensuring that their medical conditions are supported at school, and the advice on the Individual Health Care Plan is adhered to. This will involve keeping all staff members, including support or cover staff, informed about the needs of a pupil with medical needs.

Individual Health Care Plans:

- help to ensure that the school effectively supports pupils with medical conditions.
- will capture the key information and actions that are required to support the child effectively.
- will vary in detail from pupil to pupil depending on the complexity of the child's condition and the degree of support needed.

- provide clarity about what needs to be done, when and by whom.
- should mention if a pupil has, in addition, special educational needs.
- should be taken on all school outings and off-site activities.
- are reviewed annually, or when a child's needs change.

Following Notification of a Short-term Medical Condition:

Occasionally, children have a short-term medical condition such as earache or a sore throat, and are well enough to attend school, but may still be taking a course of medication.

Where possible, medication should be administered at home.

The administration of medicine is the responsibility of Parents and Carers. There is no absolute requirement on teachers or support staff to administer medicines. However, they may volunteer to do so.

If medication is required during the school day, then a Parent or Carer will be required to complete a consent form at the same time as handing in the medicine to the school office.

Prescribed medication should only be accepted if it is in date, in the original dispensed container with the child's name and clear instructions for dose and storage.

It is the Parent or Carer's responsibility to collect and supply each day, as necessary.

Managing medicines in school:

The School manages medicines based on the following points:

- medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- no child should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- Parent/Carer must sign a consent form (short or long term) and medicines must be labelled and given in at the school office.
- inhalers are kept in the child's class
- medication requiring cold storage are kept in the fridge in the medical room. This fridge is a locked medical fridge and First Aiders should ensure that this is kept locked at all times.
- the school has chosen to keep a spare Ventolin asthma inhaler for emergency use only for those pupils with a diagnosis of asthma and where explicit written parental consent has been obtained.
- the school has chosen to keep a spare adrenaline auto-injector (AAI) device for emergency use only for those pupils with a known medical condition where the use of an AAI may be necessary and where explicit written parental consent has been obtained.
- medicines will be administered in compliance with the terms and conditions on the packaging. If administration guidance is not present/visible the school has the right to refuse to administer

Day trips, residential visits and sporting activities

- Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- Prior to an activity taking place, the school conducts 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 is sought from pupils, parents/carers and relevant medical professionals.
- The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, or medical / hospital consultant indicates that this is not possible.

Unacceptable Practice:

Although school staff should use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:

- assume that every child with the same condition requires the same treatment. - ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion (although this may be challenged).
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs. We will only send a pupil home when we can not accommodate treatment for their medical condition while in school.
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- prevent children 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 the school to administer medication or provide medical support to their child, including toileting issues. - no Parent/Carer 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/Carers to accompany the child, unless this is in the best interest of the child, or for Health and Safety reasons.

Asthma policy / Emergency Inhalers: Ref page 3 and page 10

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. This is a discretionary power enabling schools to keep an emergency inhaler on site if they wish. Church Hill Middle School has chosen to do this.

Introduction:

Church Hill Middle School positively welcomes all pupils with asthma. We recognise that asthma is a widespread, serious but controllable condition affecting many pupils at the school. We encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, Parents/Carers and pupils. Supply teachers, new staff and trainees are also made aware of the policy.

Aims:

The school aims to:

- recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- ensure that pupils with asthma can and do participate fully in all aspects of school life, including PE, visits, outings and other out-of-hours school activities.
- recognise that pupils with asthma need immediate access to reliever inhalers at all times.
- keep a record of all pupils with asthma and the medicines they take.
- ensure that all pupils understand asthma and its triggers, through class lessons, assemblies and posters around school.
- ensure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack.

Asthma medicines:

- immediate access to reliever medicines is essential. The child's own inhaler and spacer are kept in the classroom. Parent/Carer are asked to name and label all inhalers.

Record keeping:

- at the beginning of each school year or when a child joins the school, Parents/Carers are asked if their child has any medical conditions including asthma on their admissions form.
- all Parents/Carers of children with asthma are consequently asked if they are happy to sign the Emergency Consent Form to allow the school to administer the emergency inhaler.

- Parents/Carers are required to update the school if there are any changes to their child's condition. - medical conditions are recorded on SIMs and teachers informed.

Exercise and activity /PE and games:

- taking part in sports, games and activities is an essential part of school life for all pupils.
- All teachers know which children in their class have asthma.
- pupils with asthma are encouraged to participate fully in all PE lessons.
 - teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson.
 - teachers ensure pupils are thoroughly warmed up and down before and after the lesson to prevent asthma attacks. If a pupil needs to use their inhaler and spacer during a lesson they will be encouraged to do so.
 - pupils with asthma will not be forced to take part in activity if they feel unwell. They will also not be excluded from activities that they wish to take part in if their asthma is well controlled.
 - if a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and, as soon as they feel better, allow them to return to activity.
 - classroom teachers follow the same principles as described above for games and activities involving physical activity.
 - all children requiring an inhaler and spacer must take it to a PE lesson with them.

Asthma attacks

- all staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- first aid trained staff are appropriately trained to recognise an asthma attack.
- if there are no signs of improvement in a child suffering from an attack an ambulance will be called without delay.

Staff Roles and Responsibilities:

All school staff have a responsibility to:

- understand the school asthma policy.
- know which pupils they come into contact with have asthma.
- know what to do in the event of an asthma attack and follow emergency procedures.
- allow pupils with asthma immediate access to their reliever inhaler.
- tell Parents/Carers if their child has had an asthma attack.
- tell Parents/Carers if their child is using more reliever inhaler than they usually would.
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom.
- ensure pupils who have been unwell catch up on missed schoolwork.
- be aware that a pupil may be tired because of night-time symptoms.

Parent/Carer' roles and responsibilities: Parents and Carers have a responsibility to:

- tell the school if their child has asthma.
- complete a 'Permission to administer emergency inhaler' form.
- inform the school of any medicines the child requires while taking part in visits, outings or other out-of-school activities such as school team sports.
- tell the school about any changes to their child's medicines.
- inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma);
- ensure the child's reliever inhaler and spacer is labelled with their child's name.
- keep their child at home if they are not well enough to attend school.

- ensure their child catches up on any school work they have missed.
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every 6 to 12 months);
- ensure their child has a written personal asthma action plan to help them manage their child's condition.

Use of the emergency inhalers

Use of the emergency inhalers

The school holds a salbutamol inhaler in the school office for use in an emergency at school. These will only be given to children who have written parental permission for them to use the emergency inhaler. They will only be given to children who are already diagnosed with asthma and prescribed an inhaler. They will only be used if the child does not have their own inhaler or it is faulty or empty. (See Guidance on the Use of Emergency Salbutamol Inhalers in Schools, September 2014).

Complaints:

Should parents/carers or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the Class Teacher in the first instance. If, for whatever reason, this does not resolve the issue, parents/carers should then discuss the issue with the Principal / Head of School. If parents/carers are still not satisfied they may make a formal complaint, details of which are outlined in the school's Complaints Procedure.

Copy of Church Hill IHCP Plan:

<https://forms.office.com/e/yfHusMuGKA>

Asthma IHCP Plan:

<https://forms.office.com/e/EEJ4mWeHkm>

Flow Chart Below

