The Federation of Alver Valley Schools

Supporting Pupils with Medical Conditions Policy

Date Reviewed	**September 2026**
Date approved by FGB	**October 2026**
Review Date	**September 2027**
Author	**SENCO /J Hyde**

This policy is written in regard to Section 100 of the Children and Families Act September 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

We recognise that some children have medical conditions which could impact upon their education. We aim to minimize any disruption and ensure that each individual child with a medical need is able to access and enjoy the same opportunities in school and on educational trips and visits as any other child.

Parents and carers are key partners in supporting their child's medical needs and are responsible for providing the school with sufficient and up-to-date information about their child's condition and medication. The school will work collaboratively with pupils, parents/carers and relevant healthcare professionals to ensure appropriate arrangements are in place to support the pupil safely and enable full participation in school life.

Aims

- To ensure pupils at school with medical conditions, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

Procedure

The SENCo is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- Individual Healthcare Plans will be reviewed at least annually and earlier where the pupil's needs or circumstances change, new healthcare advice is received, medication changes, or following a relevant serious incident or near miss.
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

Where children are joining school at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Not all pupils with a medical condition will require an Individual Healthcare Plan (IHP). Where a pupil's medical condition requires arrangements to be put in place to support them in school, the school, parents/carers and relevant healthcare professionals will consider whether an IHP is required. Where an IHP is not considered necessary or proportionate, the school's agreed arrangements for supporting the pupil will be recorded appropriately. A record of the child's medical condition and any implications for the child will be kept in the child's individual record.

The Development of Individual Health Care Plans

When we are informed by a parent or by medical practitioners that a child has a medical condition a meeting is convened at the earliest opportunity with parents and where necessary medical practitioners. The purpose of the meeting will be to ensure that we have all relevant information relating to the medical condition and fully understand our role in supporting the pupil.

An Individual health care plan will be drawn up during the meeting in consultation with parents and medical practitioners.

Where an individual health care plan has been provided by medical practitioners this will be amended as required. The plan will state roles and responsibilities. The responsible person will normally be the class teacher, teaching assistant or member of the admin team.

Relevant medical information and emergency instructions will be made readily accessible to staff who need the information to safeguard and support the pupil. Information will be stored and shared appropriately, taking account of confidentiality, data protection and the need for staff to have timely access to essential medical information.

Children who can manage their own health needs are encouraged to do so and are supported and accompanied by our school staff. This could be while they use inhalers or inject themselves as part of managing diabetes. The child is always consulted as to how they would like to be supported and this becomes part of the health care plan. Complaints should be dealt with in accordance with our Complaints Policy.

Administering Medication

Trained school staff may administer prescribed medication to pupils when required during the school day. Parents and carers should note that this is a voluntary responsibility undertaken by school staff. Medication will only be administered when it has been prescribed by a registered healthcare professional and supplied in accordance with the school's medication and allergy safety procedures.

The administration of prescription medicines is only permissible once the appropriate authorisation form (online)has been completed in full by Parents/Carers.

Medicine/tablets etc. should be taken to the office by a responsible adult (not sent to school with a child.)

If the child is well enough to attend school but needs to complete a course of medicine parents may visit school at any time to administer the medicine or treatment if necessary.

Parents will be asked to complete a medical health form when their child starts school to inform us of any health problems or allergic conditions that affect the child and these will be updated regularly.

The school regularly check the expiry dates on medicine e.g. epipens and capsules for inhalers at the end of each term.

Schools should 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 should know where their medicines are at all times and be able to access them immediately. Where relevant, they should 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 using Arbor.

The School Office retains the long- and short-term consent forms completed by parents, which are logged onto the child individual record on Arbor. The school record when (time and date) medication is administered on Arbor, parents are sent this information at the end of each day.

All staff will be trained annually on bespoke allergy & anaphylaxis for schools either virtually or face to face. Training for other medical conditions e.g. asthma inhaler training or diabetic is provided to specific staff within the school who deal with these conditions. Full training is provided to a high number of classroom assistants and lunchtime supervisors.

Supporting children with asthma

As with other medication, parents will need to complete a form authorising the medication to be administered. Normally this would involve the child self-administering with the supervision of a member of staff.

We require any asthma medication to be accessible to children in school at all times. Asthma inhalers are kept in the classroom in individual zippy wallets, clearly named with medical instructions given on the label. Staff record when the child has used the inhaler.

Staff are instructed to make sure that they take asthma medication for individual children with them whenever they take that child out of school.

School Emergency Inhalers

Following an amendment in 2014, the Human Medicines Regulations 2012 permit schools to obtain emergency salbutamol inhalers for use in specified circumstances. The school will follow current Department of Health and Social Care guidance on emergency asthma inhalers in schools.

The inhaler can only be used if the pupils inhaler is not available e.g. because it is empty or broken. It will be used with a spacer and sterilised afterwards.
This inhaler is kept in the school medical room alongside a register of pupils whose parents have given permission for its use.

School Trips

As part of our off-site procedures staff will check for any medical needs and prepare for the trip accordingly by taking necessary medication with them.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child

Serious Incidents and near misses

The school will appropriately record and review serious medical incidents and relevant near misses. Following an incident or near miss, the school will consider whether changes

are required to the pupil's Individual Healthcare Plan, risk assessment, staff training or wider school procedures. Parents/carers will be informed as appropriate and relevant reporting requirements will be followed.

Allergy-related incidents and near misses will additionally be managed in accordance with the school's Allergy Safety Policy and current DfE statutory guidance.

The Governing Body

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions

The Head Teacher

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, although they cannot be required to do so
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- The Headteacher will ensure that sufficient appropriately trained staff are available to support pupils with medical conditions and implement Individual Healthcare Plans, including appropriate cover for staff absence and other contingency situations.
-

Parents

- must provide the school with sufficient and up-to-date information about their child’s medical needs
- are the key partners and should be involved in the development and review of their child’s IHP
- should carry out any action they have agreed to as part of the IHP implementation

The following practice is considered not acceptable:

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents; ignoring medical advice or opinion
- sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)

This policy should be read in conjunction with Alver Valley Schools Allergy safety policy and First Aid Policy which covers in detail off site visits and emergency/ heath arrangements for pupils and staff.