



Policy for supporting children with medical needs, including asthma

Due for next review in: Summer 2026

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1. Aims

This policy aims to ensure that:

- Children, staff and parents/carers understand how our school will support children with medical conditions
- Children with medical conditions are properly supported to allow them to access the same education as other children, including school trips and sporting activities.

The Trustee Board and Headteacher will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of children's conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support children with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant children
- Developing and monitoring individual healthcare plans (IHPs).

The named person with responsibility for implementing this policy is Claire Bennett, Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on trustee boards to make arrangements for supporting children at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting children with medical conditions at school](#).

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

3. Roles and responsibilities

3.1 The Trustee Board

The Trustee Board has ultimate responsibility to make arrangements to support children with medical conditions. The Trustee Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support children in this way
- 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 nursing team
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 Staff

Supporting children with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to children with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support children with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of children with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

3.4 Parents and carers

Parents and carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

3.5 Children

As age-appropriate, children should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Shropshire school nursing service, or other relevant health professionals, will notify the school when a child has been identified as having a medical condition that will require support in school. This will be before the child starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the local school nursing team and notify them of any children identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Our school will consider what reasonable adjustments need to be made to enable these children 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 children with medical conditions are included. In doing so, children, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

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

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

See Appendix 1.

6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for children with medical conditions. This has been delegated to Charlotte Towne and Sian Baines, SENCos.

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

Plans will be developed with the child's best interests in mind and will set out:

- what needs to be done
- when
- by whom.

Not all children with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the child's specific needs. The child will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a child has SEN but does not have an 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 Trustee Board, Headteacher and SENCo will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The child'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 child's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a child 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 child'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 child's condition and the support required
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the child 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 child can participate, e.g. risk assessments.

Where confidentiality issues are raised by the parent/child, the designated individuals are to be entrusted with information about the child's condition including what to do in an emergency, who to contact, and contingency arrangements.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school when it would be detrimental to the child's health or school attendance not to do so **and** where we have parents' written consent.

The only exception to this is where the medicine has been prescribed to the child without the knowledge of the parents.

Children under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a child any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

- in-date
- labelled
- provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Children will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away.

Safe storage – emergency medicine

- Emergency medicines are readily available to children who require them at all times during the school day or at off site activities
- School has an emergency inhaler available for children to use as long as the appropriate paperwork has been completed, which is updated annually.

Safe storage – general

- All medicines are supplied and stored, wherever possible, in their original containers. All medicines are labelled with the child's name, the name of the medicine, expiry date and the prescriber's

instructions for administration, including dose and frequency. This is managed by our administration team

- Medicines are stored in accordance with instructions paying particular note to temperature
- Some medicines may need to be refrigerated. All refrigerated medicines are stored in the fridge allocated in the main school office lockable room and are clearly labelled
- At the end of the school year all medicines are checked for expiry dates and if applicable moved into the appropriate year group box and medicine cupboard, and locked for the duration of the holidays
- Secure storage is available in our main office.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

If parents/carers do not pick up out of date medicines they are taken to a local pharmacy for safe disposal.

A named member of staff is responsible for checking the dates of medicines and arranging for the disposal of those that have expired (Gwen Stokes). This check is done at least twice a year.

7.1 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.

All other controlled drugs are kept in a secure cupboard in the school office and only named staff 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.

7.2 Children managing their own needs

In our school, a trained adult will always support children to manage their medical needs.

All children with asthma have easy access to their emergency medicines.

We will not force a child to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the child's IHP, but it is generally not acceptable to:

- Prevent children from easily accessing their inhalers and medication, and administering their medication when and where necessary (as appropriate)
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents/carers
- 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 IHPs
- 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 children 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
- 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 their child
- Administer, or ask children to administer, medicine in school toilets.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All children's IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany the child to hospital by ambulance.

Generally, staff should not take children to hospital in their own car unaccompanied and without the correct insurance.

9. Training

Staff who are responsible for supporting children with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to children with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher/SENCo. Training will be kept up to date.

Training will:

- be sufficient to ensure that staff are competent and have confidence in their ability to support the children
- fulfil the requirements in the IHPs
- help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

We hold training on asthma once a year. A log of the asthma training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The Trustee Board will ensure that written records are kept of all medicine administered to children for as long as these children are at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

Asthma Health Care Plans are used to create a centralised register of children with asthma.

An identified member of staff has responsibility for the register (Gwen Stokes).

11. Liability and indemnity

The Trustee Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy can be found in our annual Health and Safety Policy. We ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed annually by the Headteacher annually. At every review, it will be approved by the Trustee Board.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality
- Health and safety
- Safeguarding and Child Protection
- Special educational needs information report and policy.

Appendix 1: Being notified a child has a medical condition

