



Great Staughton Primary Academy
Diamond Learning Partnership Trust
Supporting Children with Medical Needs
Policy

Date: October 2025
(to be reviewed in October 2026)

Policy for supporting pupils with medical needs in school

Rationale

This policy outlines the correct procedures and protocols DLPT Academies will follow to support pupils with long-term and/or complex medical conditions, whilst safeguarding staff by providing clear and accurate guidance for all staff to adhere to.

This policy will be readily accessible to parents and Academy staff and will be reviewed annually to keep up-to-date with statutory and non-statutory guidance and legislation.

1. School Information

Mr Jonathan Lewis, the DLPT Chief Executive Officer (CEO), has overall responsibility for pupils' medical needs but the Diamond Learning Partnership Trust (DLPT) delegates the responsibility for supporting pupils with medical needs to the Heads of Schools, Headteachers and SENDCOs.

See separate cover sheet for staff responsible for the day to day support and storage arrangements for medications in each individual school within the DLPT.

Relevant legislation and guidance

Management of medicines in schools and early years settings, NHS guidance, Feb 2024
Cambridgeshire Medical Needs Policy, September 2023
Summary of responsibilities where a mental health issue is affecting attendance, Feb 2023
Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools, Sept 2017
Supporting Pupils at School with Medical Conditions 2015, updated advice 2017
Department of Health and Social Care, Guidance on the use of emergency salbutamol inhalers in schools, March 2015
Children and Families Act 2014
Equality Act 2010
Medicines for Children and Young People 2004
Special Educational Needs and Disability Acts 2001
Management of Health and Safety at Work Regulations 1999
The Education Act 1996
Disability Discrimination act 1995
Health and Safety at Work Act 1974
Medicines Act 1968

Section 100 of the Children and Families Act 2014 places a duty on Local Governing Bodies to make arrangements for supporting pupils with medical conditions at school. This is because pupils with long-term and complex medical conditions may require:

- On-going support, medicines or care whilst at school to help them manage their condition;
- monitoring and intervention in emergency circumstances.

The governing body must further comply with their duties under the Equality Act 2010 towards disabled children and adults.

Policy Implementation

This policy has been drawn up in accordance with the DfE guidance *Supporting pupils at school with medical conditions (Dec 2015)*.

Aims:

- To ensure arrangements are made for children with medical conditions to receive proper care and support whilst meeting our legal responsibilities;
- To provide guidance to all teaching and non-teaching staff members, ensuring staff are fully supported in carrying out their role to support pupils with medical conditions, including the procedure in an emergency situation;
- To identify the areas of responsibility and roles to all parties involved in the arrangements made to support pupils at school with medical conditions, including pupils, parents, staff, school nurses, Head teachers, Local Governing Bodies etc; and
- To ensure procedures are followed to limit the impact on pupils' educational attainment, social and emotional wellbeing that can be associated with medical conditions, both on site and during off site trips.

Procedure when the school is notified of a medical condition:

- There could be a number of ways in which a school will be notified when a child has been identified as having a medical condition, including mental health needs, that require support.
- The Head teacher/SENDCo should take the necessary steps to co-ordinate a meeting to discuss the child's medical support needs. The meeting will involve key Academy staff, the pupil, parents, relevant healthcare professionals and other medical/health clinicians as appropriate.
- The School Nursing Duty Desk or equivalent will be able to advise on training for staff and other matters to support children with medical needs. Involvement from the School Nursing service can be requested through the duty line, or referral form for the area.
- A decision will be made as to whether an Individual Healthcare Plan (IHP) (sometimes known in Cambridgeshire guidance as an Individual Health Education Plan (IHEP) will be created for the child.
- For children new to the Academy, support arrangements will be in place in time for the start of the relevant school term.
- In cases where the child moves to the Academy mid-term or receives a new diagnosis, the school will make every effort to ensure the arrangements are in place within two weeks.

The school will not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on available medical evidence and through consultation with parents.

Individual Healthcare Plans

An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. Use of an Individual Healthcare Plan can be triggered by a child being absent from school for 15 school days (consecutive or non-consecutive). They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same conditions may require very different support. All health needs and medication required will be included on the same Individual Healthcare Plan/Administration of Medicine form.

Individual Healthcare Plans will be written by a member of Academy staff informed by medical evidence and information from parents.

When deciding whether an Individual Healthcare Plan is appropriate and proportionate, Academies should follow the steps below:

Stage 1 – Gathering the information

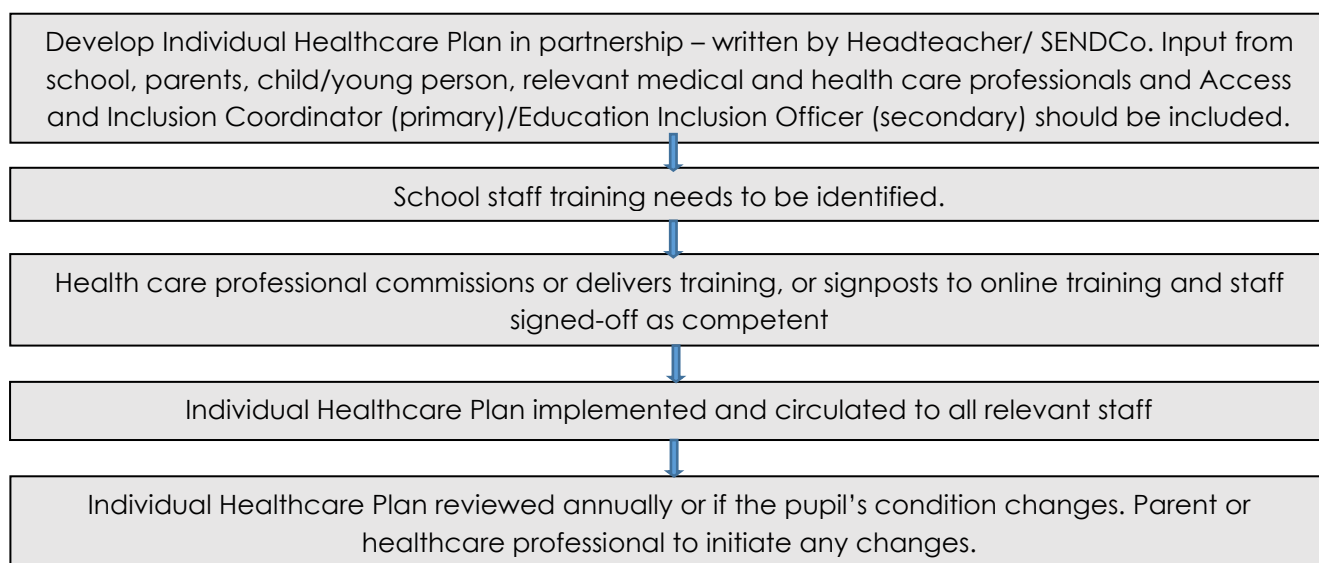
- The Headteacher or senior member of staff co-ordinates a meeting with parents to discuss the medical support needs of the pupil. A medical professional may be invited if needed.
- Pupils should be involved when possible.
- The meeting should ascertain whether an Individual Healthcare Plan is appropriate, as not all children will require one.
- All parties should agree, based on the evidence, as to whether an Individual Healthcare Plan would be suitable. However, the Head teacher is best placed to take the final view if consensus cannot be reached.
- The decision should be based on:
 - whether there is a high risk that emergency intervention will be needed;
 - whether the medical condition is long-term and/or complex;
 - whether the child is returning to school following a period of hospital education or alternative provision (including home tuition);
 - whether medical conditions are likely to fluctuate.

A member or members of the school staff will be identified on the Individual Healthcare Plan as being the key person or people who will provide support to the pupil.

Stage 2: Developing an Individual Healthcare Plan

The purpose of an Individual Healthcare Plan is to capture steps which the school will take to help the child manage their condition or conditions and overcome any potential barriers to getting the most from their education.

Once the decision has been made to create an Individual Healthcare Plan (see appendix A for the DLPT's Individual Healthcare Plan pro-forma) the outlined process should be followed:



School Emergency medication

The school holds emergency salbutamol inhalers and adrenaline auto-injectors (Epipens) for use in situations where a pupil known to require such medication is experiencing symptoms and does not have immediate access to their own prescribed device.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency adrenaline auto-injectors (Epipens) is appropriate.

The emergency salbutamol inhaler should only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler.

These emergency medications may only be administered by staff who have received appropriate training and are either instructed to do so by the emergency services or familiar with the procedures outlined in the pupil's Individual Healthcare Plan (IHCP). As part of the pupils individual Healthcare Plan (IHCP) written consent from the pupil's parent/legal guardian is required, appendix B refers.

The emergency salbutamol inhaler and adrenaline auto-injectors (Epipens) must be easily accessible at all times in the event of an emergency. They should either be kept with the child or stored in a clearly identified, readily accessible location, not locked away.

All staff should receive regular training to:

- Recognise the signs and symptoms of asthma attacks and anaphylaxis.
- Understand the urgency and correct use of emergency medication.
- Know how to access and administer the emergency salbutamol inhaler or adrenaline auto-injector (Epipen) safely and effectively.
- All incidents involving the use of emergency medication must be recorded and reported to parents/carers as soon as possible.

Training should include practical instruction on the use of different types of auto-injectors and inhalers and be delivered face-to-face by qualified professionals. The school will ensure a sufficient number of trained staff are available at all times, including during off-site activities.

The Headteacher or Head of School is responsible for ensuring the supply, storage and care of the emergency salbutamol inhaler and adrenaline auto-injector (Epipen)

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between Academy staff, healthcare professionals, parents and pupils will be critical to ensure that the needs of pupils with medical conditions are met effectively.

The **Headteacher or Head of School** is responsible for (but may delegate some parts to SENDCOs or Inclusion Leaders):

- ensuring that a policy is in place to meet the needs of children with medical conditions;
- implementing this policy effectively and ensuring that **all** relevant staff members are aware of how to support pupils with medical conditions including their role in its implementation;
- ensuring all staff who need to know, are aware of the child's condition or conditions and their Individual Healthcare Plan;
- ensuring that the appropriate level of insurance is in place and appropriately reflects the level of risk or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA);
- ensure that insurance policies are accessible to staff providing medical support;
- ensuring that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions;

Healthcare Professionals are responsible for:

- notifying the Academy when a child has been identified as having a medical condition which will require support in school. This should, where possible, be done before the child starts at the school;
- taking a lead role in ensuring that pupils with medical conditions are properly supported in school, including supporting staff on implementing a child's plan;
- working with Headteachers/SENDCOs to determine the training needs of Academy staff and agree who would be best placed to provide the training;
- confirming that Academy staff are proficient to undertake healthcare procedures and administer medicines;

Academy Staff (teaching and non-teaching) should:

- understand that any member of Academy staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines although they cannot be enforced to do so, this is a voluntary role;
- understand the role they have in helping to meet the needs of the child with a medical condition;
- support actions identified within the Individual Healthcare Plan.

Where possible, **pupils** should:

- provide information about how their condition affects them;
- be fully involved in discussions about their medical support needs;
- comply with their Individual Healthcare Plan.

Parents should:

- provide named and dated medicine and equipment;
- ensure they or another nominated adult are contactable at all times;
- provide sufficient and up-to-date information to the school about their child's medical needs;
- be involved and assist in drafting and developing their child's Individual Healthcare Plan.

The Local Authority is responsible for:

- promoting cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving well-being of children so far as relating to their physical and mental health and their education, training and recreation;
- providing support, advice and guidance, including suitable training for school staff to ensure that the support specified within the Individual Healthcare Plans can be delivered effectively;
- working with schools to ensure that schools support pupils with medical conditions to attend full time;
- making alternative arrangements where pupils would not receive a suitable education in a mainstream school because of their health needs when it is clear that a child will be away from school for 15 days or more because of their health needs, including mental health needs.

Emergency Procedures

As part of general risk management processes, all schools within the DLPT have the following arrangements in place for dealing with emergencies situations:

- All pupils in the school should inform a teacher immediately if they think help is needed;
- The pupil's Individual Healthcare Plan will clearly define what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of the emergency symptoms and procedures for the individual pupil;
- When a pupil needs to be taken to hospital, staff will stay with the child until the parent arrives. If a child is taken to hospital by ambulance, staff will accompany the pupil;
- Individual schools have specific procedures for contacting emergency services on or off site, and all staff are aware of these procedures;
- If it is not possible to follow the emergency procedures detailed in the Individual Healthcare Plan, a qualified First Aider will decide on the emergency course of action in consultation with the senior leadership team and/or emergency services.

At their discretion, individual schools may buy emergency salbutamol inhalers or emergency adrenaline autoinjectors. Emergency salbutamol inhalers should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed

an inhaler as reliever medication children. Schools may administer emergency adrenaline auto-injectors but only to a pupil at risk of anaphylaxis where both medical authorisation and written parental consent has been provided.

Staff Training and Support

Any member of Academy staff providing support to a pupil with medical needs must have received suitable training. Staff training needs will be identified during the development or review of the pupils Individual Healthcare Plan. Staff who provide support to pupils with medical conditions will, when possible, be included in the meetings where this is discussed. The Healthcare Professional will lead on identifying and agreeing with the school what type and level of training required. It will be the school's responsibility to arrange training and ensure that this remains up-to-date. The Healthcare Professional, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The training must be sufficient to ensure all staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the Individual Healthcare Plan. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Where training is required for administration of a specific medicine, or health care procedure, this is stated on the Individual Healthcare Plan. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

As well as individual training, the school will make arrangements for whole school awareness training and induction arrangements for new members of staff. This will include preventative and emergency measures so that staff can recognise and act quickly if a problem occurs.

The child's role in managing their own medical needs

Pupils may be competent to manage their own health needs and medicines. Academy staff will discuss individual competencies with parents and ensure the Individual Healthcare Plan reflects the pupil's competencies for managing their own medicines and procedures.

Competent pupils will be allowed to carry their own medicines and relevant devices, or will have access to their medicines for self-medication quickly and easily, wherever possible. Pupils who can take their medicines themselves may require an appropriate level of supervision. When it is not appropriate for the pupil to self-manage, staff will help to administer medicines and manage procedures for them.

If a pupil refuses to take their own medicine or refuses to carry out necessary procedures relating to their medical needs, staff will not force them to do so, but will follow the procedure agreed within the pupil's Individual Healthcare Plan. A member of the Senior Leadership Team will be responsible for informing the pupil's parents, so that alternative options can be considered for future situations.

Procedures for managing of medicines

Medication and request forms should be handed to staff by parents or carers, never the child. All prescription medication should be provided in the original packaging with the prescriber's instructions. Non-prescription medication does not need a GP signature or authorisation in order for a school or nursery to give it. It is appropriate for over-the-counter medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours (if over 16), following written permission by the parents. Non-prescription medication should still be provided in the original packaging.

In order to manage pupil's medical conditions effectively, members of staff will not prevent pupils from eating, drinking or taking breaks when required.

The following procedures will be followed to manage medicines on-site:

- a pupil under 16 should never be given prescribed or non-prescribed medicines without their parent's written consent. See appendix A for the Individual Healthcare Plan and administration of medicine form;
- Medicines that are in-date, labelled and include instructions for administration, dosage and storage will be accepted by the school. In most circumstances, the medicines should be provided in the original container and dispensed by a pharmacist, with the exception of insulin, which will be inside an insulin pen or pump. Prescribed medications must include the child's name and prescribers instructions on the label.
- Emergency medicines — including asthma inhalers, adrenaline auto-injectors (e.g., EpiPens), and diabetes medication — should be with the child or readily accessible at all times. They should be stored out of children's reach as some may be controlled substances but should not be locked away
- Non-emergency controlled drugs that have been prescribed for a child will be stored securely in a non-portable container and only named Academy staff will have access.

Record Keeping

Written records of all medicines administered to individual children will be kept with the medication detailing what, how and how much was administered, when and by whom. See appendix B for the DLPT's record form of medicine administered to an individual child.

These accurate records offer protection to staff and children, whilst providing evidence that agreed procedures have been followed.

Controlled Drugs:

Non-emergency controlled drugs must be kept in a locked non-portable container. There must be named members of staff who have access to this container. A record must be kept when this container is opened and when controlled drugs are administered. Two members of staff should **ALWAYS** be present when controlled drugs are administered or when the container with controlled drugs in it is opened. See appendix C for the DLPT's Controlled Medication Record sheet.

Emergency medicines — including asthma inhalers, adrenaline auto-injectors (e.g., EpiPens), and diabetes medication — should be with the child or readily accessible at all times. They should be stored out of children's reach as some may be controlled substances but should not be locked away

Disposal of Medicines:

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Parents should collect medicines held at the end of each term and return these at the start of the new term. Staff will check expiry dates each term.

Sharps will be disposed of in sharps boxes as provided by parents or health care professionals.

Off-site procedures

Each Academy will assess what reasonable adjustments can be made to enable pupils with medical needs to participate fully and safely during off-site trips.

All staff members should be aware of how the pupils individual medical condition will impact their participation, but should allow enough flexibility for pupils to participate according to their own abilities, unless evidence from a GP states otherwise.

A risk assessment will be approved by a member of the Senior Leadership Team prior to the off-site trip, to ensure pupils with medical conditions can participate safely. This will require consultation with parents and pupils and advice from the relevant healthcare professionals.

Unacceptable practice

Staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan. However, it is **not** acceptable practice to:

- assume that every child with the same condition requires the same treatment;
- prevent children from accessing their inhalers or medication easily, and administering their medication when and where necessary;
- if the pupil becomes ill, send them to the school First Aid room unaccompanied or with someone unsuitable;
- send pupils with medical conditions home frequently or prevent them from participating in normal school activities, unless specified in their Individual Healthcare Plan.
- penalise pupils for their attendance record if absences relate to their medical condition i.e. hospital appointments;
- ignore the views of the pupil or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- prevent children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- create barriers to pupils participating in any aspect of school life, including off-site school trips; or
- require parents to attend school to administer medication or provide medical support to their child where arrangements have been agreed as part of the child's Individual Healthcare Plan.

Insurance

The Academy provides the appropriate level of insurance to cover staff providing support to pupils with medical conditions in line with this policy and the pupils Individual Healthcare Plan.

Complaints

Should parents or pupils be dissatisfied with the support a DLPT Academy has provided, the initial concern should be raised with the Headteacher. If the concern cannot be resolved with the school directly, a formal complaint can be made via the school's complaints procedure, which is accessible from the school website or on request from the school office.

Individual Healthcare Plan and Administration of Medicine Form

(multiple pages)

The school will not give your child medicine unless you complete and sign this form.

School			
Pupil Name & Address			
Date of Birth			
Class			
Medical Diagnosis or condition			
Triggers (if applicable)			
Contact Information		Family Contact No.2	
Family Contact No.1		Family Contact No.2	
Name		Name	
Telephone (mobile)		Telephone (mobile)	
Telephone (work)		Telephone (work)	
Telephone (home)		Telephone (home)	
Relationship to child		Relationship to child	
Clinic/ Hospital Contact		GP Contact	
Name		Name	
Telephone		Telephone	
Describe medical needs and give details of symptoms			
Daily care requirements			
Staff involved in daily care requirements			
Name of Medicine (<i>as described on the container</i>)			
Dosage			

Time to be given	
Are there any side effects that the school should know about?	
What constitutes an emergency for the child	
Action to be taken in the event of an emergency for the child (state if different for off-site activities).	

I understand that I must deliver the **medicine in original container with label as dispensed by the pharmacy safely to the school office.**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to **appropriately trained** school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I hereby consent to **appropriately trained** school staff administering the school emergency inhaler/adrenaline auto injector in the event of my child's inhaler/adrenaline auto injector being out of date or unavailable.

Date _____

Review date _____

Parent's Signature _____ **Date** _____

Head Teacher's signature _____ **Date** _____

This will be reviewed at least annually or earlier if the child's needs change

