Medical

Little Way Catholic Educational Trust

Supporting Children with Medical Conditions Policy

Version:	2		
Approved by:	Finance, Audit and Risk Committee	**Date:**	Summer 2026
Next review due by:	Summer 2027		

Version	***Updates***
1	*Original production*
2	*Minor changes in text, but none to any other process related text apart from the introduction of the Adrenaline Auto Injector. Major formatting updates across the whole document*

Aims and Objectives

This policy aims to ensure that:

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

Our Trust is an inclusive community that aims to support and welcome pupils with medical conditions. The Trust understands that it has a responsibility to:

- *Make our schools welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.*
- *Provide all children with any medical conditions the same opportunities as others at our schools so they can play a full and active part in school life.*
- *Support pupils with medical conditions in developing independence in controlling their condition.*
- *Help pupils feel safe and confident in the support they receive within school.*
- *Include all pupils with medical conditions in all school activities.*
- *Ensure that all school staff, including supply teachers, understand their duty of care to children and young people in the event of an emergency and feel confident in doing this.*
- *Ensure that all school staff understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.*
- *Ensure staff receive the correct training to meet the medical needs of pupils.*

Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on the board of trustees to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's (DfE) statutory guidance: Supporting pupils at school with medical conditions.

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

Roles and responsibilities

A. The board of trustees

The board of trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the trust. Although the trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the trust is compliant with the requirements in the above legislation and guidance.

The finance, audit and risk committee will also determine and approve this policy.

B. Chief Executive Officer (CEO)

The CEO will:

- *Oversee and support the headteacher in each school, in carrying out their duties*
- *Highlight any issues found across the trust to the board of trustees*

C. Local Governing Committees (LGC)

LGC's of each school will:

- *Monitor that there is a sufficient number of trained staff available in their school*
- *Monitor the records of children's medical needs and medicines that have been administered are kept up to date*
- *Support and challenge the headteacher to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life*

D. The Headteacher

The headteacher of each school 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 IHPs, including in contingency and emergency situations*
- *Assess training needs and commission necessary training in line with trust procedures*
- *Co-ordinate and attend meetings to discuss and agree on the need for IHPs*
- *Take overall responsibility for the development of IHPs*
- *Contact the school nursing service in the case of any pupil 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*
- *Make sure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date*
- *Make sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed*

E. Staff

- *Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff at the school may be asked to provide support to pupils 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 pupils 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 pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.*

F. Parents/carers Parents/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*

G. Pupils

- *Pupils with medical conditions will often be best placed to provide information about how their condition affects them.*
- *Pupils 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.*

H. School nurses and other healthcare professionals

- *Our schools' nursing services will notify the relevant school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil 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 our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.*

Equal opportunities

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

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

Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. This process will be followed by all schools in the trust.

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 pupils who are new to the school.

Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to:

School	***Name***	***Position***
St Catharine's Catholic Primary School		
St Joseph's Catholic Primary School		
Catholic School of St Gregory The Great		
St Peter's Catholic Primary School		
The Rosary Catholic Primary School		
St Thomas More Catholic Primary School		

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

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

- *What needs to be done*
- *When*
- *By whom*

Not all pupils 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 pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (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 Headteacher and the member of staff with delegated responsibility will consider the following when deciding what information to record on IHPs:

- *The medical condition, its triggers, signs, symptoms and treatments*
- *The pupil'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 pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions*
- *The level of support needed, including in emergencies. If a pupil is selfmanaging 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 pupil'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 pupil'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 selfadministered by the pupil 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 pupil can participate, e.g. risk assessments*
- *Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition*
- *What to do in an emergency, including who to contact, and contingency arrangements*

Managing medicines

Prescription and non-prescription medicines will only be administered at the school:

- *When it would be detrimental to the pupil's health or school attendance not to do so, and*
- *Where we have parents/carers' written consent*

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

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

Anyone giving a pupil 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.

Schools will only accept prescribed medicines that are:
- *In-date*
- *Labelled*
- *Provided in the original container, as dispensed by the pharmacist, and including instructions for administration, dosage and storage*

Schools 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. Pupils 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 pupils and not locked away.

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

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.

Controlled drugs will be kept in a secure cupboard in the school office and only named staff will 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.

Adrenaline Auto Injectors (AAIs)
Some pupils may suffer anaphylactic shock through a severe and sudden reaction to insect bites, nut allergy etc.

In the case of a child being identified by a doctor as being at risk of anaphylaxis:
- *Two adrenaline auto-injectors (such as Epi Pen etc) must be provided to the school. These must be clearly labelled with the child's name.*

- *Parents / carers must complete the administration of medicines form or a care plan (in partnership with healthcare professionals), depending on the level of needs, to allow a student to bring adrenaline auto-injectors to school.*
- *School staff will administer adrenaline auto-injectors in emergency situations where anaphylaxis is suspected. Wherever possible, this will be undertaken by staff who have received appropriate training. However, in a life-threatening emergency, the absence of training must not prevent a member of staff from administering an adrenaline auto-injector.*
- *School staff will understand that adrenaline auto-injectors are a risk-free treatment and a one-shot injection which can do no harm but may relieve a potentially high-risk medical condition.*
- *Adrenaline auto-injectors are only to be used by/for the pupil for whom they are prescribed.*
- *The school will hold a minimum of 2 emergency adrenaline auto-injectors on site for use in an emergency, in accordance with appropriate guidance.*
- *Parents/carers of children who are known to be at risk of anaphylaxis will be informed and their consent for use of the emergency auto-injector will be sought.*
- *In exceptional circumstances, where anaphylaxis is suspected and prior consent has not been obtained, staff may administer an emergency adrenaline auto-injector if it is considered necessary to preserve life, in line with national guidance.*
- *In all cases, staff will act in accordance with professional guidance and will prioritise the safety and wellbeing of the child.*
- *Additional information can be found in the allergies policy.*

<u>Pupils managing their own needs</u>
Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil 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.

<u>Unacceptable practice</u>
- *Staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:*
- *Prevent pupils from easily accessing their inhalers and medication, or administering their medication when and where necessary*
- *Assume that every pupil with the same condition requires the same treatment*
- *Ignore the views of the pupil 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 pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable*
- *Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments*
- *Prevent pupils 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 school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs*
- *Prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child*
- *Administer, or ask pupils to administer, medicine in school toilets*

Emergency procedures

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

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

Training

Staff who are responsible for supporting pupils 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 pupils 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 / name of role]. 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 pupils*
- *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.*
- *All staff will receive training so 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.*

Record keeping

Written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

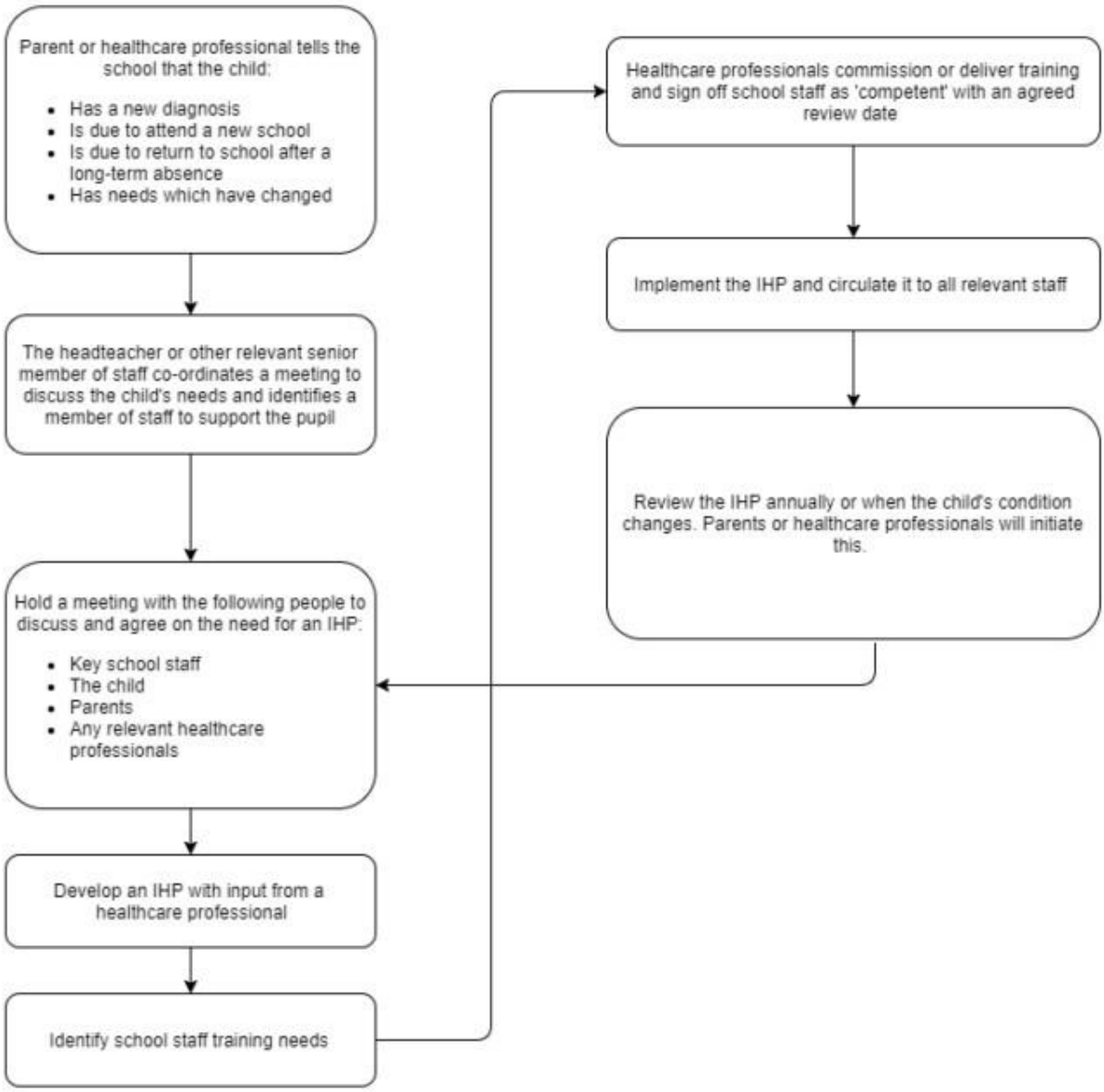
IHPs will be kept in a readily accessible place which all staff are aware of.

Complaints

Parents/carers with a complaint about the school's actions in regard to 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 trust's complaints procedure.

Links to other policies

This policy links to the following policies :

- *Accessibility Plan*
- *Allergy*
- *Complaints*
- *Equality Information And Objectives*
- *First Aid*
- *Health And Safety*
- *Safeguarding*
- *Special Educational Needs Information Report And Policy*

Appendix 1: *Being notified a child has a medical condition*