

Supporting Pupils at School with Medical Conditions

This policy was written in September 2026 and will be reviewed in September 2027. The Headteacher is the named person who has overall responsibility for policy implementation.

Rationale

The number of pupils attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school, can take part in the normal school activities. However for children with long term, complex or very individualised medical needs, there needs to be careful planning by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

Guidelines

Our school will do all it can to encourage, support and care for children with medical needs in order to ensure they maintain maximum attendance at school and have full access to the curriculum. We recognise that there are an increasing number of conditions such as hayfever, allergies and asthma affecting many school age children and positively welcome all pupils with these conditions. A copy of the procedures around administration of medication and support for pupils with these conditions will be available for staff and parents. We will work with parents/carers of children with complex or long term medical needs to agree and implement individual healthcare plans. We will provide whole school training on health issues affecting all children and appropriate training for staff volunteering to support individual healthcare plans. Our school will review its procedures around the administration of medication, the development of healthcare plans and support for pupils with asthma in consultation with parents/carers and staff on a regular basis. This policy and its related procedures provide the framework within which the medical needs of pupils will be managed.

Record keeping

At the beginning of each school year or when a child joins the school parents/carers are asked whether their child suffers from any medical condition including asthma. Parents are reminded of the vital importance of providing this information to school and of updating the school should there be any changes or new conditions diagnosed. Parents are reminded termly to update any medical information held in school. Parents who indicate that their child has asthma will be asked to provide further information regarding their child and the medication they are taking. This information should be updated by parents during the school year as necessary.

Asthma

Children who suffer with asthma need to be able to gain quick access to their inhalers (or spacers in the cases of some younger children). Children must not be prevented to gaining quick access to their inhaler. Parents must complete and sign a form (Appendix1) to acknowledge that an inhaler has been provided and to give additional details of their child's condition. Both the inhaler (with child's name clearly displayed) and forms are kept in classrooms. Members of staff ensure that inhalers are taken on off-site visits. However, as children with asthma get older it is very much the expectation that they should take the lead on remembering to take their inhalers. It is the parent's/carer's responsibility to check that inhalers are replenished when needed. Instructions on what to do when a child has an asthma attack are displayed in each classroom. Should a child known to have asthma (evidenced in their medical record held in school) not have an inhaler in school, then spare inhalers are kept in the Office.

Anaphylaxis and administration of EpiPens

Anaphylaxis is an extremely dangerous allergic reaction. It can be triggered by foods (e.g. nuts, seafoods) or non foods (e.g. wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system, genitourinary system.

In the event of an attack, it is important to administer an EpiPen immediately, call 999 for an ambulance and contact parents/carers to inform.

Children's EpiPens will be stored in the child's classroom. We ask that parents provide the school with one EpiPen for use at school and ensure that it is within its expiry date. Parents are responsible for replacing the EpiPen before it expires. If an additional EpiPen is provided, this will be stored securely in the school office.

Each EpiPen will be kept in a clearly labelled plastic wallet containing the child's name and a copy of their individual care plan, as provided by their doctor/parent. The school's emergency EpiPens will be used should the child have an attack in the school hall.

Administration of Medicines

Occasionally, it is necessary for medicines to be administered at school. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Wherever possible prescriptions for routine treatments (e.g. antibiotics) should be prescribed in dose frequencies which enable them to be taken outside of school hours or parents/carers can come into the school office at break and/or lunch time to administer medication.

We do not have the capacity to administer routine prescriptions to the number of children who may require them. If a parent wishes a child to take a prescribed medicine during school time they should arrange with the Headteacher, only in special circumstances, to come to school and discuss the request and, if agreed, complete a request form, (Appendix 2), giving permission for the Headteacher or her nominee only to administer the medicine. Any member of school staff can be asked to administer the medicines although they cannot be required to do so. Therefore, the Headteacher will arrange named nominees who are prepared to take responsibility for administering medicine. This list of named persons will be kept in the school office. Medicines should be delivered, with instructions, to the school office where it will be kept in a labelled sealed bag in the tall fridge in the staff room. The medicine should be in date and clearly labelled with:

- Name of medication
- The owner's name
- Dosage, time and frequency
- The prescribing doctor's name.
- The date of issue
- The expiry date

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

For those children that require emergency medicine, e.g. an EpiPen, Buccal Midazolam for epilepsy, a red card with their name on it will be kept within easy reach in every classroom and with at least 2 members of staff during lunchtime. This red card will be sent via a child (KS2 responsible child) or adult (if child is in KS1) to the school office which will trigger an adult to take the correct medication to the child immediately.

The Headteacher, or the nominated person to administer the medicine, will require one other person to witness the medication being taken and that all medication instructions have been followed through accurately with the date and time recorded. This person will also be required to fill out the 'Record of medicine administered to an individual child'. (Appendix 3)

Details of possible side effects should also be given. Where possible, no more than one week's supply should be sent at one time. It is important that an up-to-date record of the parent's home and work telephone numbers be kept so that they can be contacted at any time.

Medicines no longer required will be handed back to the parent. If parents do not collect medicines after a reasonable period of time they will be disposed of.

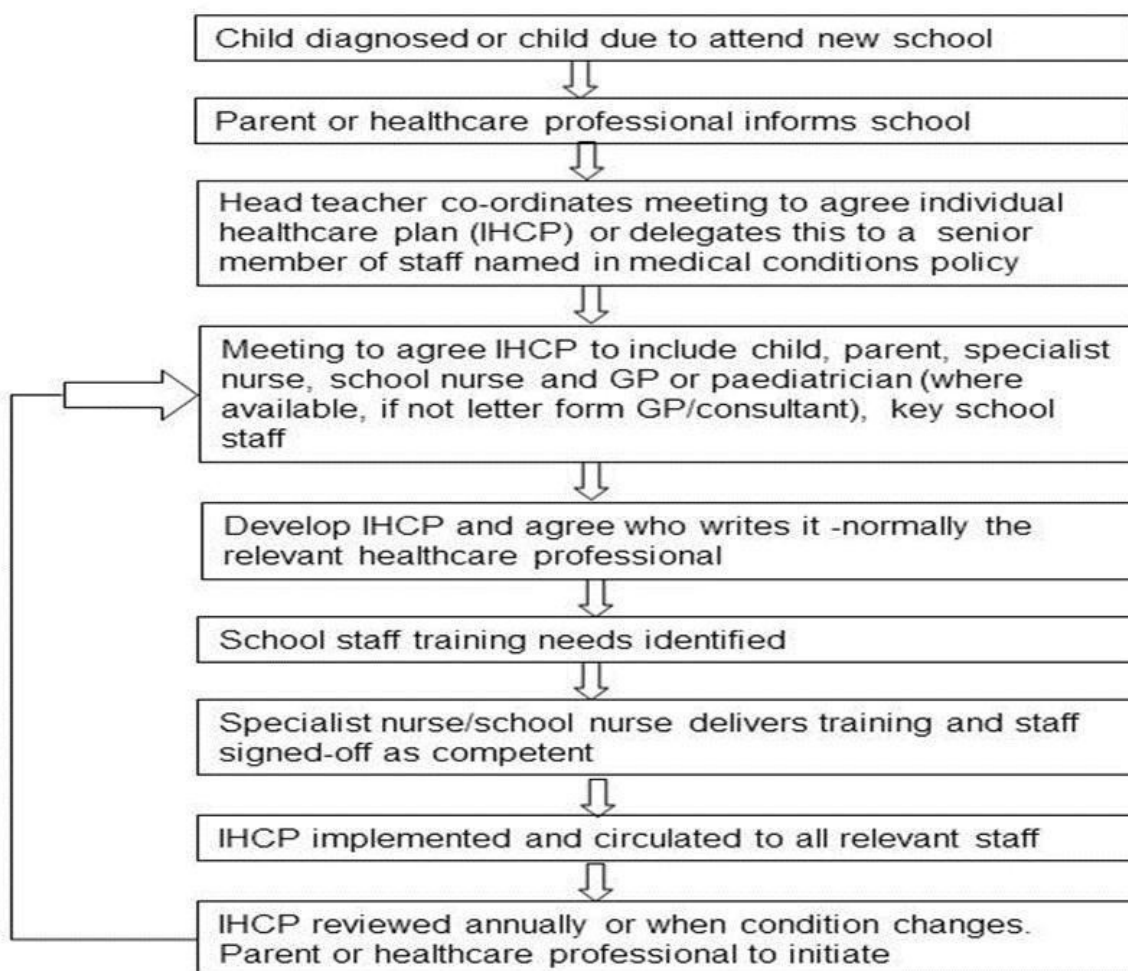
Procedures for the development of an individual healthcare plan

When a pupil has a long term or complex medical need that requires specialist medication or protocols, the school will work with the parent to agree an individual healthcare plan for that child. Where appropriate, the drawing up of the healthcare plan will involve school/community nurse, health visitor. Advice will be sought from health practitioners e.g. GPs, consultants, specialist nurses, physiotherapists etc. The healthcare plan is a confidential document; however it must be displayed and accessible to those who may urgently need to refer to it. At Holy Rosary, plans are kept in the red bag held in the classroom and will be signed by the parent and the school.

Each healthcare plan will be different, because each child's circumstances will be different. The following list describes some of the possible actions that could be included in a plan:

1. After filling in a request form, the child may go to a hospital that has a hospital school. If the child has an Educational Health Care Plan (EHCP) the school will provide information to ensure that the child's needs are met at a level appropriate to her/his medical condition.
2. A child may have a long-term absence and be at home. If this absence is likely to exceed 15 days, the Education Welfare Team may become involved and home tuition could become a possibility.
3. It is possible that a healthcare plan might also include an element of part-time attendance at school.

A guide to the process of developing individual healthcare plans:



Accidents

Procedure for: Bumped heads

Staff will assess the child and check the context of the bump / administer ice pack and complete the first aid slip / update the office to communicate with home

In the majority of cases the injury will have occurred through an accident. Where it is found through the process of a TED (Tell me about, Explain and Describe) with the child and the use of the restorative conversation, that the physical injury was as a result of child on child conflict, this will always be reported to SLT to follow up.

Graduated steps followed for the head bump

- 1. No visible mark** but it is clear from the child's presentation and account that there has been a **definite bump** to the head - slip and general office parent pay
- 2. If there is a slight redness or slight sign of a actual injury** - slip and general office parent pay as above
- 3. If the injury presents as very visibly obvious - significant protrusion showing or wound that has broken the skin.** Same procedures to be followed as above with the addition of:
 - Update to the class teacher to monitor for the remainder of the day unless a decision (usually more extreme injury level) is made for the need to send the child home
 - In the event of a bump such as that outlined in point 3 - the message home should be a call to alert the parent so they are prepared for the injury on collection

Other general injuries

Injuries that leave a graze, or mark of any kind on a part of the body other than the head/face are recorded and communicated with home using the first aid slip. In these instances parents would only be called or messaged with an update if collection were needed to further assess or (as with head bumps) it was felt parents needed to be made aware of the mark before collection.

- In a more serious accident where a child may become unconscious, bleed profusely, or damage their limbs, an ambulance will be called, first aid administered, and parents informed.
- Parents of any child exhibiting signs of health deterioration will be informed.

School trips/visits, residentials and sporting activities

Pupils with short term medical conditions will always be included within the risk assessment for the excursion. The risk assessment will stipulate medical requirements and who will be responsible for ensuring that appropriate care/medication is given.

In the case of pupils with ongoing medical conditions, provision for excursions will be made within their individual healthcare plans.

No child will be excluded from any off-site activity on health-related grounds.

Children who are unable to attend school

Where children are unable to attend school for a significant period of time (over 2 weeks), we will provide remote learning for pupils – either paper based or via an app-based approach. The class teacher will be responsible for co-ordinating this work.

Roles and Responsibilities:

Governing Body

The governing body has the general responsibility for defining, monitoring and reviewing the school policy with respect to the support of pupils with medical needs. Governors will consult the Headteacher and school staff in the formulation of this policy.

Headteacher

The Headteacher is responsible for the operation of the policy on the support of pupils with medical needs. She will ensure that there are appropriate procedures in place for the administration of medication, including those for agreeing with parents/carers exactly what support the school can provide to pupils with more complex medical conditions. The Headteacher can authorise a named member of staff to manage these procedures. This member of staff would then become the 'Authorised Person'.

The Headteacher/authorised person will make sure that parents/carers and staff are aware of the school policy on supporting children with medical needs.

The Headteacher/authorised person will make sure that staff receive relevant information on specific medical support needs of individual pupils on a need-to-know basis.

The Headteacher/authorised person will ensure that staff are appropriately trained.

The Headteacher/authorised person will ensure that appropriate links are maintained with specialist health professionals.

Parents/carers

Parents/carers are responsible for informing the school of any medical conditions their children suffer from and that the school has sufficient information to manage their child's medical needs while at school. If their child has a more complex medical condition, they should work with the school to develop a healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies.

Whilst school will make every effort to remove unnecessary medically related barriers to attending school, parents/carers should not expect that a child can attend school if he/she is infectious or contagious and should not return until they have been clear of the sickness and/ diarrhoea for 48 hours . Parents/carers should agree to make arrangements to collect children from school if they present such conditions while at school.

If parents wish to make a complaint, they should access the school's 'Complaints Policy' within the 'Policies' section of the school website: www.stgeorgescatholicacademy.co.uk.

Staff

Staff should inform a senior member of staff if they become aware that a child has a medical condition. Staff should ensure that they seek information/guidance regarding the medical needs of pupils with whom they work from designated school staff. All staff should know about the likelihood of an emergency arising in connection with the children with whom they are working. Staff should know how to summon the emergency services and what the school's recording procedures are in such a situation. Staff are entitled to appropriate training.

Class teachers are responsible for notifying all adults who regularly come into contact with their class about pupils medical needs. Teachers employed to cover P.P.A. (planning, preparation and assessment) time for regular class teachers should find out information regarding the medical needs of pupils within classes they regularly teach.

It is the Office Manager's responsibility to maintain up-to-date 'Health Needs Records' and these are kept electronically on Arbor providing access to all staff.

Red bags containing individual Medical Information for pupils are stored in each classroom. All adults including supply working with the class are expected to have accessed the information

Other Health Professionals

A range of health care professionals, including the school nurse, the child's General Practitioner, specialist staff within the Primary Care Trust and the Community Pharmacists, may have a role in the medical care of a pupil. This role may be:-

- to provide advice in the construction of an individual healthcare plan - to provide advice and/or support in an emergency situation
- to provide training for staff in specific protocols
- to support school nurses in their work within schools.

REVIEW

The Headteacher and teaching staff will review this policy in September 2026. Any amendments will be presented to the Governing Body for approval.

Appendices 1,2, 3, 4 are below.

Appendix 1

Asthma Form

Child's name	
Class	
Parent/Carer's name	
Phone number	
Doctor/Nurse's name	
Phone number	

Reliever treatment when required

For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment, and as soon as they feel better, they can resume normal activities

Medicine	Parent/Carer's Signature

Expiry of Medication

Medicine	Date Checked	Expiration Date	Parent/Carer's Signature

Does your child tell you when he/she needs medication?

Yes ☐ No ☐

Does your child need help taking his/her asthma medication?

Yes ☐ No ☐

What makes your child's asthma worse/What are the signs your child is having an asthma attack?

Does your child need to take medicines before exercise or play?

Yes ☐ No ☐

Parent/Carer's Signature: _____

Appendix 2

Parental agreement for Holy Rosary Catholic Voluntary Academy to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school	Holy Rosary CVA
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method Timing	
Special precautions/other instructions Are there any side effects that the school/ setting needs to know about?	
Self-administration – y/n Procedures to take in an emergency NB: Medicines must be in the original container as dispensed by the pharmacy Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	

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

Signature(s)_____ Date_____

Appendix 3:

Record of medicine administered to an individual child

Name of school	Holy Rosary Catholic Voluntary Academy
Name of child	
Date medicine provided by	
parent Class	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given Dose given			
Name of member of staff			
Staff initials			

Appendix 3: Record of medicine administered to an individual child

Date			
Time given Dose given			
Name of member of staff			
Staff initials			

Date			
Time given Dose given			
Name of member of staff			
Staff initials			

Date			
Time given Dose given			
Name of member of staff			
Staff initials			

Date			
Time given Dose given			
Name of member of staff			
Staff initials			

Date			
Time given Dose given			
Name of member of staff			
Staff initials			

Appendix 4: Notification of a medical condition that does not require medication

Name of school	Hol Rosary CVA
Name of child	
Date of birth	
Class	
Medical condition or illness and support required.	

My child does not require any additional support other than the support stated

above. Signed _____ Parent/Carer

Date _____