



**Walkwood**  
Church of England  Middle School

# Supporting Students at School with Medical Conditions Policy 2025 - 2026

Approval granted:	9 February 2026	Review date:	Spring Term 2027
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This policy has been written and reviewed in conjunction with the sources listed on Page 3.



### **Our Vision:**

In our inclusive community,  
Each valued individual is taught self-belief  
We are resilient and optimistic,  
Caring for ourselves and our peers.  
We are Children of God, with hope,  
Awe and wonder in our hearts.

### **Our Bible verse:**

Be kind to one another, tender-hearted, forgiving one another, as God in Christ forgave you. *Ephesians 4:32*

*Respect - Believe – Succeed*

Our values: kindness, friendship, honesty, respect

## Main Purpose

- Section 100 of the Children and Families Act 2014 places a duty on The Trustees of the Trust to make arrangements for supporting pupils at their school with medical conditions.
- The aim of this policy is to ensure that Walkwood CE Middle School carries out their statutory duty to make arrangements to ensure pupils with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can play as full and active role as possible in school life, remain healthy, achieve their academic potential and access and enjoy the same opportunities at school as any other child.
- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included
- We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. We recognise that each child's needs are individual.
- We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will focus on giving pupils and their parents every confidence in the school's approach
- The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education Health Care Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority where this is in the best interest of the child. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.
- No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made.
- In carrying out this duty, Walkwood CE Middle School Academy Trust will have due regard to the following documents:
  - Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2014 (This statutory guidance also refers to other specific laws.)
  - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/sup\\_porting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/sup_porting-pupils-at-school-with-medical-conditions.pdf)
  - Children and Families Act 2014 (Section 100)
  - Equality Act 2010

- Special Educational Needs Code of Practice
  - Education Act 1996
  - Other school policies, such as Child Protection, Equal Opportunities, Behaviour, Administering Medicines, Special Educational Needs.
- This policy has not been developed by a specific medical professional or organisation / body.
  - This policy should be used as a starting point and customised to reflect the management, training, administering and medication storage procedures of the individual academy.

## **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; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

- **The Local Governing Body (LGB) and the Trustees**
  - (a) The Local Governing Body and the Trustees should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support students at school with medical conditions.
  - (b) Make arrangements to support pupils with medical conditions in school, including making sure that this policy is implemented.
  - (c) Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
  - (d) Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
  - (e) Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- **The Headteacher**
  - (a) The Headteacher has overall responsibility for the development of Personal Healthcare Plans within their school setting and ensure these are monitored frequently.
  - (b) They should also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way.
  - (c) Ensure that the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented with partners, including all staff are aware of the policy and that they understand their role in implementing the policy.
  - (d) Ensure that all staff who need to know are aware of a child's condition.
  - (e) Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the Individual Health Care Plans, including in contingency and emergency situations.
  - (f) Ensure the school nurse is contacted in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.
  - (g) Ensure supply teachers are briefed on the needs of the child.

- (h) Ensure risk assessments are put in place for educational visits, and other school activities outside the normal timetable.
- (i) Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

- **School Staff**

- (a) Any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.
- (b) Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach.
- (c) School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- (d) Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- (e) Specific support for students with educational, social and emotional needs will be given-for example, how absences will be managed, and requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions and dealing with medical conditions during exams.

- **Other professionals**

- (a) The school will liaise with other medical professionals in order to gain advice and guidance on how best to support students with medical conditions.
- (b) These professionals may include school nurses, community nursing teams, GPs, paediatricians and local specialist health teams.
- (c) They will provide advice on developing healthcare plans.
- (d) Be able to provide support in schools for pupils with particular conditions (e.g. asthma, diabetes, epilepsy, ADHD, anxiety)
- (e) Ensure any prescribed medications, including dosages, are appropriately monitored and reviewed.

- **Students**

Students with medical conditions may be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan. Other children will often be sensitive to the needs of those with medical conditions.

- **Parents/Carers**

- (a) Parents/Carers should provide the school with sufficient and up-to-date information about their son/daughter's medical needs.
- (b) They must carry out any action they have agreed to. For example, provide medicines and equipment and ensure that they, or another nominated adult, are contactable at all times.
- (c) Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- (d) Be involved in the development and review of their child's IHP, and may be involved in its drafting

- **Local Authority**

- (a) The Local Authority will work with the school to support students with medical conditions to attend full time.
- (b) Where it is not possible for a student to receive a suitable education in school because of their health needs, the local authority has a duty to make other arrangements.
- (c) The local authority will make arrangements under this duty when it is clear that a student will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year) under section 19 of the Education Act (1996).

### **Supporting Students with Medical Conditions**

- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Healthcare Plans.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Put arrangements into place in time for the start of the new school term.
- Once the school is notified of a student's medical condition staff will notify either the SENDCo, the pastoral team or a member of the Safeguarding team and they will take advice on the necessity to complete an Personal Healthcare Plan (PHP). One of the following members of staff will, if necessary, complete the IHP:

SENDCo  
 A member of the Pastoral team  
 A member of the Safeguarding team

- The IHP will be recorded or stored on Provision Map for all staff to access as needed.
- The school does not have to wait for a formal diagnosis before providing support to students.
- Should an IHP be necessary, a meeting to discuss the relevant needs will be convened with parents/carers, the student, the school nurse (where appropriate) and any other necessary health professionals/specialist support services.
- Where a student is identified with a special educational need but does not have an Education and Health Care plan (EHC), this should be stated on the IHP. The SENDCo will

consider whether an Education and Health Care plan (EHC) is needed if the child has a special educational need arising from a medical condition.

- The delegated person for ensuring that sufficient staff are trained to support a student's medical needs is a member of the school SLT.
- The Author of the IHP will keep all relevant staff informed of the student's needs.
- The Cover Administrator will provide supply teachers with a log on to Arbor. This will allow them to access the register and details of the medical conditions of students within their classes.
- The EVC coordinator will ensure that risk assessments for visits and other school activities beyond the normal timetable ensure adequate provision for students with IHPs.
- A member of the Safeguarding or Pastoral team will coordinate a review annually of all IHPs to ensure information contained in them is up-to-date and provision is still appropriate. Any amendments will be shared with relevant staff.

### **Information to be recorded on an PHCP**

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.

When deciding on the information to be recorded on Individual Health Care Plans, the following will be considered:

- (a) The medical condition, its triggers, signs, symptoms and treatments
- (b) 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 / noisy conditions, travel time between lessons
- (c) Specific support for the pupil's educational, social and emotional needs – for example, exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- (d) The level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring

- (e) Who will provide the 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
- (f) Who in the school needs to be aware of the child's condition and the support required
- (g) Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- (h) 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, eg. Risk assessments
- (i) Where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition
- (j) What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency Health Care Plan prepared by their lead clinician that could be used to inform the development of their Individual Health Care Plan.

### **Staff Training and Support**

- Staff must be appropriately trained to undertake healthcare procedures and administer certain medications (e.g. epipens).
- Any member of staff providing support for a student with medical needs should receive suitable training.
- Appropriate training to support the student in school will be determined by an appropriate medical professional. Should the medical needs of a student be more complex, the school will take advice from the school nurse and other appropriate medical professional, including specialist services, on providing training.
- 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.
- Training will be kept up to date.
- Training will fulfil the requirements in the IHPs and help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

### **The Child's Role in Managing Their Own Medical Needs**

- It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age, and the school will encourage pupils to manage the use of their inhalers and adrenaline auto injectors (epipens) accordingly.
- The school acknowledges that the age at which pupils are ready to take care of and be responsible for, their own medication varies. Health professionals need to assess, with parents and pupil, the appropriate time to make this transition.
- If a pupil refuses to take their medication, staff should not force them to do so. If a prescribed condition critical medication/injection is refused, the school must take prompt

action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

- If a pupil refuses to take a non-prescribed medication, this should be recorded in the pupil's records.
- Parent/carers should be informed of the refusal on the same day

### **Managing Medicines on the School Premises**

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:
  - (a) Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so and where parents/carer have given written consent
  - (b) No child will be given prescription medicines without their parent's written consent (see form 2) – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. 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 exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
  - (c) Non-prescription medicines (over the counter medicines) do not require any written consent from a doctor, dentist, nurse, pharmacist or other healthcare professional to allow school staff to administer them. However, schools can only administer non-prescription medicines where written permission for that particular medicine has been obtained from the student's parent/carer (see form 2). After administering a non-prescription medicine, the school will notify the parent. Students are not allowed to carry their own non-prescription medicines and must not bring them into school.
  - (d) Where non-prescription medication is required long term (over 2 weeks) school may request medical evidence to support its ongoing use due to the possible side effects of being used on a long term basis. E.g. ibuprofen.
  - (e) Medicines will be stored safely. This will be in the medical room.
  - (f) Children who need to access their medicines immediately, such as those requiring asthma inhalers, will be shown where they are kept.
  - (g) On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
  - (h) If a controlled drug has been prescribed, it will be kept securely and stored in a locked cabinet in reception. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
  - (i) When no longer required, all medicines should be returned to the parent / carer to arrange for safe disposal.

For further details on our policy for managing medication please see the 'Managing Medicines in schools and early years setting' booklet held in the Medical Room.

## **Oral Mixtures**

- (a) A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Instructions on the medication label must be followed. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves. Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

## **Tablets and Capsules**

- (a) Pupils who need tablets usually take them before or after their meal according to their GP's instructions. They may however be needed at other times of the day.
- (b) Pupils should go to Reception and ask for their tablets from the appropriate member of staff (see Training)

## **Inhalers**

- (a) Inhalers will be kept in the medical room unless there is a specific reason why this is not appropriate, which must be documented in the PHCP. When the pupil needs to take their inhaler, e.g. before a PE lesson, or at break time/lunchtime, the teacher/admin staff should record this on a daily record. Where a child increases the number of times they need their inhaler, staff will be alerted to this by the record, and will be able to pass this information onto the parents, so that the 'preventer' inhaler dose can be checked by their GP. Some pupils may carry their inhaler on them which is detailed in the PHCP.
- (b) Pupils are trained how to access and use their inhaler, and the importance of adult supervision. Pupils should be supervised when they take their inhaler. If they have any difficulty, the First Aider should be called to assist.

## **Emergency Medication for Anaphylactic Shock**

- (a) Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional.
- (b) Where an adrenaline autoinjector has been prescribed, the pupil's parent/carer should ensure that two in date adrenaline auto injectors (e.g. an Epi Pen) are kept in the school.
- (c) If appropriate, the pupil may keep an autoinjector on their person – refer to the section on Self Management. If this is not appropriate, both autoinjector should be kept safely in the medical room in the school office to be available for administering if the pupil goes into anaphylactic shock.
- (d) If a pupil is going into anaphylactic shock, the emergency services will be called immediately.
- (e) If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy but symptoms suggest anaphylactic shock is occurring, the emergency services will be called.

- (f) If advised to do so by the emergency services, another pupil's autoinjector will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

### **Emergency Salbutamol inhalers in school**

- (a) From 1st October 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by students for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
- (b) The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty). Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for the student and potentially save his/her life. Parents/carers are likely to have greater peace of mind about sending their son/daughter to school. This does not negate the parent/carer's responsibility to ensure that their son/daughter has his/her own inhaler prescribed by his/her GP.
- (c) Students should have their own inhaler with them to treat symptoms and for use in the event of an asthma attack.
- (d) An asthma register will be accessible to staff and designed to allow a quick check as to whether or not a student is recorded as having asthma, and consent for an emergency inhaler to be administered.
- (e) The register will include a photograph of the student, with parental consent, to allow a visual check to be made.

### **Emergency autoinjectors in school**

Schools are now also able to keep an autoinjector for use in emergencies as above.

### **Injections**

School staff will not give a pupil an injection unless staff have agreed and specific training to do so has been delivered. This training will be delivered by an appropriate person, such as the School Nurse or a Healthcare Professional.

### **Ointments/Creams**

- (a) Schools will only administer ointments/creams prescribed by healthcare professionals.
- (b) All efforts should be made for the pupil's ointment/cream to be applied at home by parent/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded. If it is a long-term prescription (ie, more than 4 weeks), a Healthcare Plan should be provided by the pupil's healthcare professionals.
- (c) The pupil will be encouraged to apply the cream/ointment themselves, under supervision from a member of staff. Where this is not possible due to competency or location area on the body then the Department for Education's Template B should be completed.

- (d) A body map should be completed for the area where the cream/ointment is to be applied.

### **Eye, Nose and Ear Drops**

- (a) Schools will only administer ear, nose or eye drops prescribed by healthcare professionals.
- (b) All efforts should be made for the pupil's ear, nose or eye drops to be applied at home by parent/carers.
- (c) If it is necessary to apply a prescribed dose during school hours the drops should be administered, following the label's instructions by a member of staff.
- (d) Good infection prevention practice should be adhered to, ie using a clean environment, with handwashing facilities immediately available.

### **Storage**

- (a) All medications should be stored safely.
- (b) Pupils with medical conditions should know where they are at all times and have access to them immediately.
- (c) The school should provide cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.
- (d) Medications should not be stored in any first aid boxes on the premises, except for the emergency first aid kit in case of fire.
- (e) The school should only accept prescribed (and non-prescribed) medication that is in date, labelled and in its original container including prescribing instructions for administration.
- (f) Medicine (with the exception of individual inhalers) should be stored in a named Medical Box with each pupil's medicine clearly marked with the pupil's name and the dose to be taken. A photograph of the pupil can be attached to the medication for clear identification. Facilities should be available to ensure that the medications are stored at the correct temperature if stated on the medication label/IHCP.
- (g) Parents/carers should be asked to collect all medications/equipment at the end of the year or sooner if medication reaches expiry date, and to provide new and in date medication at the start of each term.

### **Emergency Procedures**

- A child's Individual Health Care Plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.
- If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
- Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

## **Educations Visits and Sporting Activities**

- The school will consider how a child's medical condition will impact on their participation.
- The school will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.
- The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included.
- This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **Record of medicine administered to an individual student**

- An accurate record will be kept of all medicines administered using Passtab.

## **Unacceptable Practice**

- Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:
  - (a) Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
  - (b) Assume that every child with the same condition requires the same treatment
  - (c) Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
  - (d) Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Health Care Plans;
  - (e) Penalise children for their attendance record if their absences are related to their medical condition e.g. Hospital appointments
  - (f) Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
  - (g) Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
  - (h) Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g by requiring parents to accompany the child.

## **Controlled Drugs (CDs)**

- Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Controlled Drugs require additional safety controls for storage, administration and disposal, under the Misuse of Drugs Regulations 2001. The

school should follow these to ensure that all legal requirements and best practice are adhered to.

- A list of commonly encountered controlled drugs can be found at the following link: <https://www.gov.uk/government/publications/controlled-drugs-list-2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>
- Guidance on how a controlled drug is classified can be found at the following link: <https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs>
- An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin tm) may be prescribed.
- Midazolam Buccal, which is a medication used for controlling seizures, is a Schedule 3 controlled drug, and does not require the same controls as other Schedule 1 and 2 controlled drugs under the legislation. However, it is best practice to store and control this medication in the same way as other controlled drugs.
- A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan. When a controlled drug is prescribed, and has to be administered during school hours, it should be highlighted on the individual health care plan. Extra training requirements should be highlighted and undertaken for staff administering a controlled drug. Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers.
- The following requirements should be met, in line with the above legislation:
  - (a) The medication should be double locked, ie in an appropriate storage container, in a locked room.
  - (b) The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP.
  - (c) Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.
  - (d) Two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration.
  - (e) A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication. This register is to be kept for two years from the date of the last entry in the register.
  - (f) If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Headteacher, and reported to the Police/Local Intelligence Network (LIN). Guidance on this should be sought from healthcare professionals.
  - (g) Unused controlled drugs should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals.

## **Liability and Indemnity**

- The school will ensure that a level of insurance is in place that appropriately reflects the level of risk for managing medication on the premises. The Department for Education’s guidance for “Supporting Pupils at School with Medical Conditions 2015” refers to the appropriate level of insurance being in place, or that the school is a member of the Department for Education’s Risk Protection Arrangements (RPA). RPA is a scheme provided specifically for academies. <https://www.gov.uk/guidance/academies-risk-protection-arrangement-rpa>
- The insurance arrangements will cover staff providing support to pupils with medication conditions. Insurance policies should be accessible to staff providing such support.
- The level and ambit of insurance cover required must be ascertained directly from the insurers. Any requirements of the insurance, such as the need for staff training, should be complied with. Insurers should be updated when a pupil is newly diagnosed, if a pupil’s condition changes resulting in extra support needs, or if a pupil with a medical condition leaves the school.

## Complaints

- The school will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.
- Should parent/carers be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason this does not resolve the issue, they may make a formal complaint via the school’s complaints procedure.

## APPENDICES

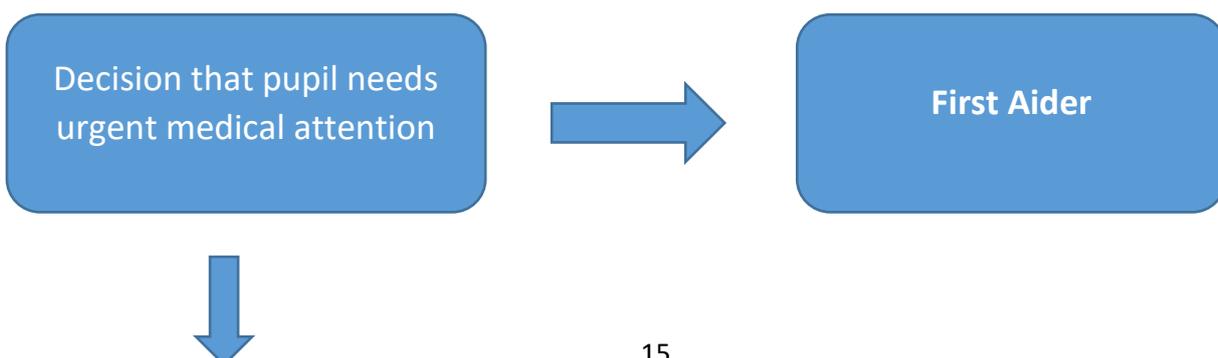
The following appendices are taken from a number of sources, to be used at the school’s discretion.

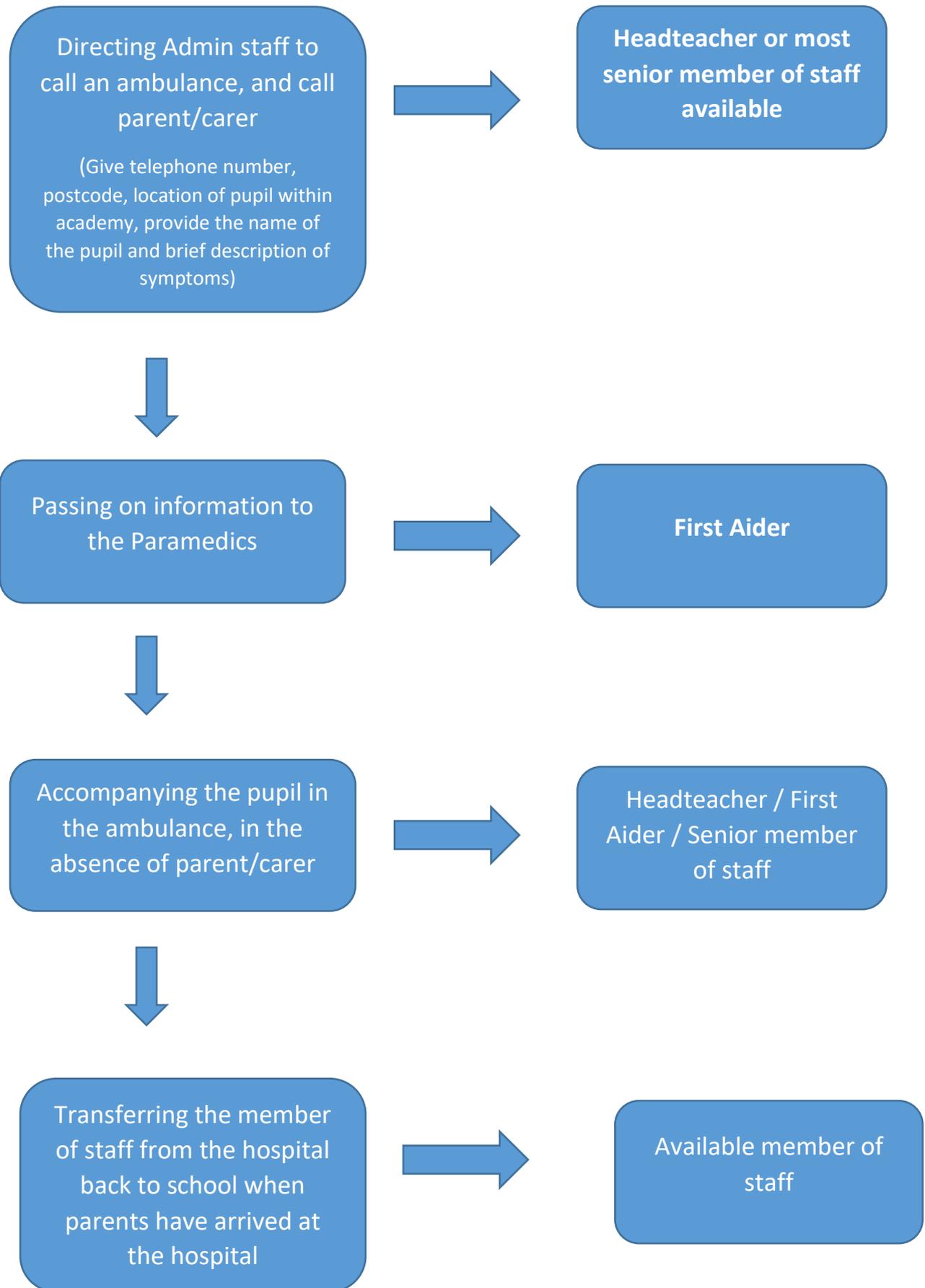
The flowchart follows the Department for Education statutory guidance.

Staff should not take pupils to hospital in their own vehicle.

Where an Ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, to cover staff absence/cover. All staff should be aware of the procedures.

### Flowchart





## Personal Care Plan

Please complete the blue sections on this page and the green sections on page 2.

<b>Pupil's name:</b>		
<b>Date of birth:</b>		
<b>College:</b>		<b>Tutor:</b>
<b>Medical Condition:</b>		
<b>Pupil's symptoms:</b>		
<b>Care requirements in school:</b>		
<b>If symptoms were severe, what action is to be taken?</b>		
<b>Other considerations:</b>		
<b>Details completed by:</b>		<b>Date:</b>

We may have your contact details on our computer system, but just in case, please complete the following.

<b>Name of contact 1:</b>		<b>Relationship to pupil:</b>	
<b>Telephone numbers:</b>	<b>Work:</b>	<b>Home:</b>	<b>Mobile:</b>
<b>Name of contact 2:</b>			
<b>Telephone numbers:</b>	<b>Work:</b>	<b>Home:</b>	<b>Mobile:</b>

Please complete the sections below which apply to the medical condition.

<b>Hospital:</b>		<b>Department:</b>	
<b>Name of consultant / doctor / nurse:</b>		<b>Telephone number:</b>	
<b>GP surgery (include address):</b>			
<b>Name of GP:</b>		<b>Telephone number:</b>	
<b>Diabetes Centre Contact:</b>		<b>Telephone number:</b>	
<b>Other medical provision or service (include address):</b>		<b>Telephone number:</b>	

## Parent / Carer agreement for school to administer medicine

The school will not give your child medicine unless you complete this form, and the school has a policy that the staff can administer medicine (<https://www.walkwoodms.worcs.sch.uk/Policies>).

<b>Pupil's name:</b>			
<b>Date of birth:</b>			
<b>College:</b>		<b>Tutor:</b>	
<b>Medical Condition:</b>			
<b>Name/type of medicine</b> (as described on the container):		<b>Dosage and method:</b>	
<b>When to be taken:</b>		<b>Self-administer?</b>	
<b>Possible side effects:</b>			
<b>If symptoms were severe, what action is to be taken?</b>			
<b>Other considerations or precautions:</b>			
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 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.			
<b>Details completed by:</b>			<b>Date:</b>

We may have your contact details on our computer system, but just in case, please complete the following.

<b>Name of contact 1:</b>			<b>Relationship to pupil:</b>	
<b>Telephone numbers:</b>	<b>Work:</b>		<b>Home:</b>	
				<b>Mobile:</b>
<b>Name of contact 2:</b>				
<b>Telephone numbers:</b>	<b>Work:</b>		<b>Home:</b>	
				<b>Mobile:</b>

**APPENDIX 3**

Dear Parent/ Carer,

Our records indicate that your child has been diagnosed with asthma. In the event of an emergency, the school is able to provide the use of a salbutamol inhaler, as long as parental consent is obtained. Please confirm the following and return this consent form to reception.

1. I can confirm that my child has been diagnosed with asthma/ has been prescribed an inhaler. Yes/ No
2. My child has a working, in-date inhaler. Clearly labelled with their name, which they will bring with them to school every day. Yes/ No
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. Yes/ No

Name: Parents/ Carers..... Signed: .....

Childs name: ..... Class: .....

Parents/ Carers address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail: .....

Date: .....

**APPENDIX 4**

SPECIMEN LETTER

TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_

Dear ....., [Delete as appropriate]

This letter is to formally notify you that..... has had problems with his / her breathing today. This happened when .....

A member of staff helped them to use their asthma inhaler. They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.\*

They were given ..... puffs. Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs. \*

[\* Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

**APPENDIX 5**

**CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO INJECTOR**

[Insert academy name]

**Child showing symptoms of anaphylaxis shock**

1. I can confirm that my child has been diagnosed with a food (please state which food.....) / wasp/bee sting / latex allergy / [other allergy] and has been prescribed an adrenalin auto injector. [delete as appropriate].
2. My child has an in-date adrenaline auto injector, clearly labelled with their name, which they will have with them at school every day.
3. In the event of my child displaying symptoms of anaphylaxis shock, and if their own adrenaline auto injector is not available or is unusable, I consent for my child to receive an injection from an emergency adrenaline auto injector held by the school for such emergencies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent's address and contact details: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**APPENDIX 6**

BODYMAP (The body map must be completed by the parent/carer before any cream or ointment is applied at school)

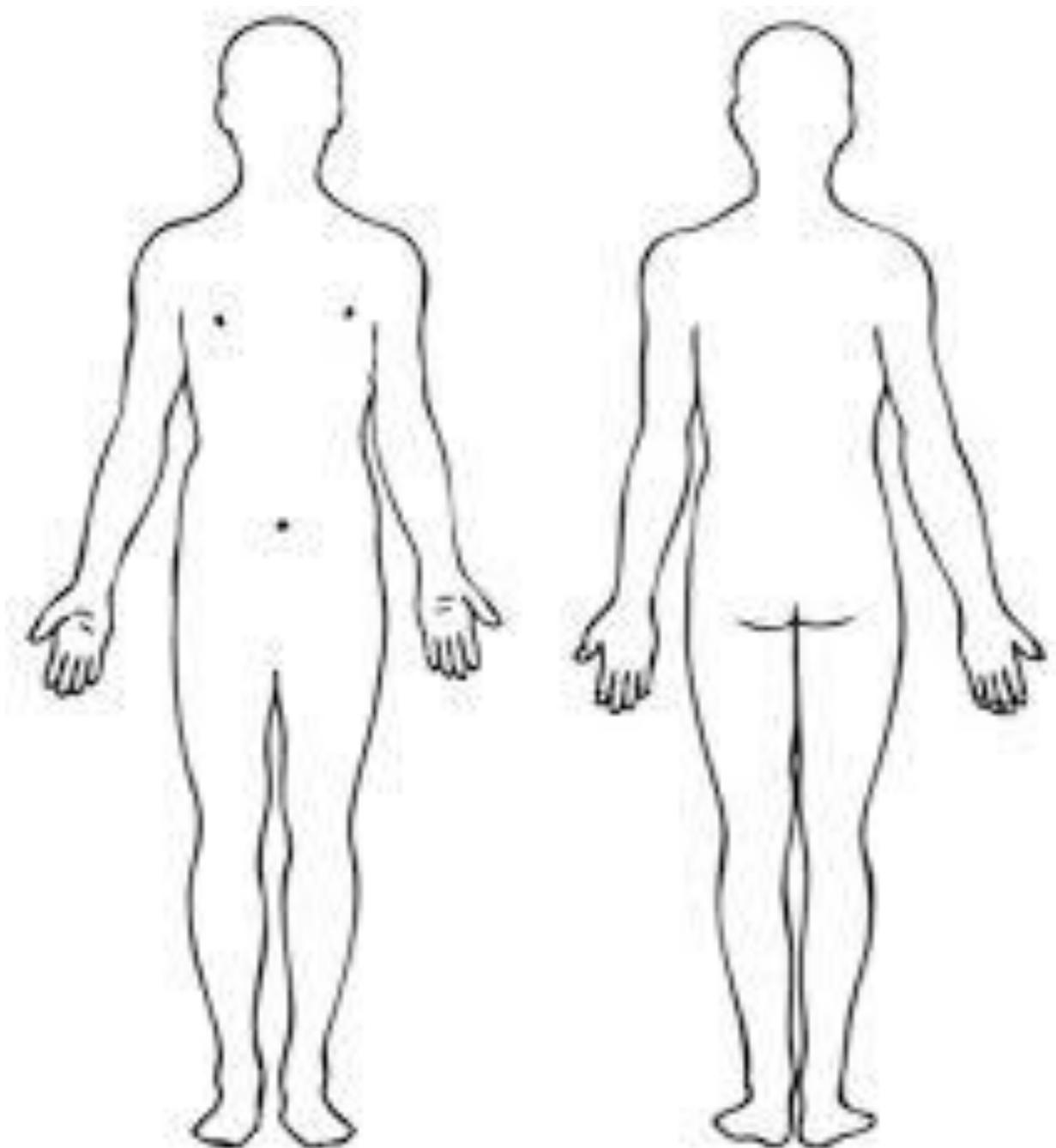
Name of pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_

Name of staff to apply prescribed cream/ointment: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Reason for, and frequency of application: \_\_\_\_\_



## APPENDIX 7

### I acknowledge receipt of notification of my child's head bump.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent / Carer*

#### Please answer:

<b>Did your child visit a Doctor?</b>		<b>Did your child visit a hospital?</b>	
If your child made a visit to either of the above, please give a brief description of the medical treatment received:			

#### 'Head bump' notification

<b>Pupil name:</b>		<b>Date of birth:</b>	
<b>College:</b>		<b>Tutor Group:</b>	
<b>Today's date:</b>		<b>Time:</b>	
<b>Staff member:</b>			

Today your child received a bump to the head. One of our qualified First Aiders looked after and assessed your child and, at the time, it was not thought necessary to refer to you for further attention.

However, in rare circumstances, symptoms can develop up to 24 hours after the injury. Should any of the following conditions occur you should seek further medical care from a Doctor, preferably at the local Casualty Department.

- Severe headache (persistent)
- Does not like bright light
- Vomiting

- Dizziness, double or blurred vision
- Becoming disorientated or confused, cannot remember the recent past
- Has apparent alteration in consciousness level

I would be grateful if you would complete and return the slip overleaf to acknowledge receipt of this letter as soon as possible.

*Thank you*

*First Aid*

## APPENDIX 8

### MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent,

#### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition.

I enclose a copy of the school's policy for supporting pupils at .....(insert school) with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. We hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people].

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible. If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. Please feel free to contact ..... by email or to speak by phone if this would be helpful.

Yours sincerely

## APPENDIX 9

### CONTACTING EMERGENCY SERVICES

- Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.
  1. Your telephone number
  2. Your name
  3. Your location as follows [insert school/setting address]
  4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
  5. Provide the exact location of the patient within the school setting
  6. Provide the name of the child and a brief description of their symptoms
  7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
  8. Put a completed copy of this form by the phone

APPENDIX 10

RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN

<b><u>Pupil Name:</u></b>	<b><u>Medication Required:</u></b>	<b><u>Dosage:</u></b>	<b><u>Time</u></b>	<b><u>Stored:</u></b>	<b><u>Taken Yes/No:</u></b>	<b><u>On Passtab</u></b>	<b><u>Staff member Initial:</u></b>

**Amendments in yellow made during review September 2023 – to assist author with next review**

Page no	Section	Heading	Text approved
2		Main purpose	The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education Health Care Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority where this is in the best interest of the child. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.
2		As above	<ul style="list-style-type: none"> <li>• Education Act 1996</li> </ul>
4		Other professionals	(d) Be able to provide support in schools for pupils with particular conditions (e.g. asthma, diabetes, epilepsy, ADHD, anxiety)
5		Local Authority	(d) The local authority will make arrangements under this duty when it is clear that a student will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year) under section 19 of the Education Act (1996).
5		Supporting Students with Medical Conditions	<ul style="list-style-type: none"> <li>• Once the school is notified of a student’s medical condition staff will notify either the SENDCo, the pastoral team or a member of the Safeguarding team and they will take advice on the necessity to complete an Individual Healthcare Plan (IHP). One of the following members of staff will, if necessary, complete the IHP: <ul style="list-style-type: none"> <li>SENDCo <ul style="list-style-type: none"> <li>A member of the Pastoral team</li> <li>A member of the Safeguarding team</li> </ul> </li> </ul> </li> <li>• The IHP will be recorded or stored on Provision Map for all staff to access as needed.</li> </ul>

5		Supporting Students with Medical Conditions	<ul style="list-style-type: none"> <li>A member of the Safeguarding or Pastoral team will coordinate a review annually of all IHPs to ensure information contained in them is up-to-date and provision is still appropriate. Any amendments will be shared with relevant staff.</li> </ul>
7		The Child's Role in Managing Their Own Medical Needs	<ul style="list-style-type: none"> <li>The school acknowledges that the age at which pupils are ready to take care of and be responsible for, their own medication varies. Health professionals need to assess, with parents and pupil, the appropriate time to make this transition.</li> </ul>
7		Managing Medicines on the School Premises	(e)Where non-prescription medication is required long term (over 2 weeks) school may request medical evidence to support its ongoing use due to the possible side effects of being used on a long term basis. E.g. ibuprofen.
16		Form 2	<b>APPENDIX 2 – Model medicine consent form.</b>

Green highlights removed – for school personalisation

Page no	Section	Heading	Text approved
14		Form 2	<b>APPENDIX 2 – Model medicine consent form.</b>  <b>Name of School</b>
21		Head Injury Form	<b>APPENDIX 7</b>  <b>Name of School</b>

22		Appendix 8 Contribution to Individual Healthcare Plan Development	I enclose a copy of the school's policy for supporting pupils at .....(insert school) with medical conditions for your information.  Please feel free to contact ..... by email or to speak by phone if this would be helpful.
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