We are an ambitious and inclusive Trust of schools strengthening communities through excellent education.

Supporting Pupils with Medical Conditions and Managing Medication Policy

Responsibility for approval: Education Directors Group
Date of approval: May 2026
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1.0 Policy Statement

1.1 The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

2.0 Scope and purpose

2.1 Section 100 of the Children and Families Act 2014 requires Trustees and Headteachers to decide to support pupils with medical conditions. Pupils with medical needs must have the same access to education as any other child and cannot be refused a place or excluded because of their condition. Staff also have a common-law duty to act in loco parentis, which includes taking prompt action in an emergency and, where necessary, administering medication on or off site. Parents remain responsible for their child's health, providing accurate medical information and supplying any required medication.

2.2 Ofsted expects all schools and academies to have a policy for supporting pupils with medical needs and to be able to show that it is implemented effectively.

2.3 This Policy will be reviewed regularly and made accessible to Parents/Carers and staff through our website.

2.4 The aim of this policy is to ensure that all pupils with medical conditions — physical or mental — receive the support they need to take a full and active part in school life, stay healthy, and achieve their academic potential.

3.0 Definition

3.1 For the purpose of this document:

- The Ted Wragg Multi School Trust is referred to as **the Ted Wragg Trust or TWT** or **the Trust**
- Definitions of Medical Conditions. Student medical needs fall into two categories:
    1. Short-term needs – where a pupil may need medication for a limited period, which may affect their participation in school activities.
    2. Long-term needs – where a pupil has an ongoing condition that may limit access to education and require additional care, support, or monitoring

4.0 Legal Framework

This Policy will be published on our website and will be included in the Trust's Policy Monitoring Schedule.

5.0 References

This policy is based on the following legislation and statutory guidance:

- https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- https://schoolleaders.thekeysupport.com/uid/0bf658e0-995a-4053-91ad-31b49066545a/
- https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2
- https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school
- https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools
- https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
- https://www.gov.uk/government/publications/first-aid-in-schools
- https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
- https://www.gov.uk/government/publications/working-together-to-safeguard-children
- https://www.gov.uk/government/publications/keeping-children-safe-in-education

- https://www.gov.uk/government/publications/drugs-advice-for-schools
- https://www.gov.uk/government/publications/home-to-school-travel-and-transport
- https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools
- https://www.gov.uk/government/publications/school-admissions-code
- https://www.gov.uk/government/publications/school-exclusion
- https://www.gov.uk/government/publications/alternative-provision
- https://www.gov.uk/government/publications/health-and-safety-advice-for-schools
- https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2
- https://www.gov.uk/government/publications/getting-it-right-for-children-young-people-and-families
- https://assets.publishing.service.gov.uk/media/Working_together_to_improve_school_attendance__applies_from_19_August_2024_.pdf

6.0 Roles & Responsibilities

6.1 **Board of Trustees**

- Ensure the school has a compliant policy for supporting pupils with medical conditions.
- Ensure enough trained and competent staff are in place to conduct support safely.

6.2 **Headteachers**

- Ensure sure the policy is developed, implemented, and understood by all staff.
- Ensure relevant staff know which pupils have medical conditions.
- Ensure there are sufficient trained staff to deliver Individual Healthcare Plans (IHCPs), including during absences and emergencies.
- Oversee the development of all IHCPs.
- Ensure staff are appropriately insured.
- Contact the school nursing service for any pupil who may need medical support but has not yet been referred.

6.3 **Parents**

- Provide accurate, up-to-date information about their child's medical needs.
- Collaborate with the school on developing and reviewing IHCPs.
- Provide medication, equipment and ensure they or a nominated adult are contactable.

6.4 **Pupils**

- Share information about how their condition affects them where appropriate.
- Contribute to the development of their IHCP and follow it as far as they are able.

6.5 **School Staff**

- May be asked to support pupils with medical conditions, including administering medicines (though not required to do so).
- Must receive appropriate training and feel competent before taking on this responsibility.
- Should know what to do and respond appropriately if a pupil needs help.

6.6 **School Nursing Service**

- Support staff with implementing IHCPs and provide advice, liaison and training where needed.
- Collaborate with specialist clinicians and community nursing teams to support pupils' needs.

6.7 **Other healthcare professionals**

- Provide medical advice for IHCPs.
- Offer specialist support and guidance for specific conditions (e.g. asthma, diabetes, epilepsy).

6.8 **Local authorities and Clinical Commissioning Groups**

- Promote effective partnership working to support children's physical and mental health.
- Provide guidance, training, and support for implementing IHCPs.
- Collaborate with schools to ensure children with medical conditions can attend full-time and arrange alternative provision if a pupil will miss 15 days or more due to health needs.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).

7.0 Designated Staff

- Each school will have designated staff responsible for completing Individual Health Care Plans
- Each school will have an Asthma Champion
- Each school will have a SENDCo.

8.0 Procedures to be followed when notification is received that a student has a medical condition.

8.1 Schools will follow agreed procedures whenever notified that a student has a medical condition. This includes arrangements for transitions between schools, reintegration, changes in need, and any required staff training. For children starting at the school, arrangements will be in place for the start of term. For new diagnoses or mid-term admissions, every effort will be made to have arrangements in place within two weeks.

8.2 Our schools do not need a formal diagnosis to provide support. Where a student's condition is unclear or advice differs, decisions will be based on available evidence, usually including medical information and discussion with Parents/Carers. The Headteacher or SENDCo may seek clarification where needed. An Individual Health Care Plan will be created once the required information has been gathered.

8.3 Individual Health Care Plans will identify what counts as an emergency and outline the actions to take. Relevant staff will be aware of symptoms and procedures, and other pupils may also know to alert a member of staff if help is needed.

8.4 If a child needs hospital care, a staff member will stay with them until the Parent/Carer arrives or accompany them in the ambulance. If a child is taken by car, two adults will accompany them: one to drive and one first aider.

9.0 Individual Health Care Plans

9.1 Individual Healthcare Plans (IHCPs) will be written by the designated staff member and reviewed by the Headteacher or designated staff member. All staff supporting the pupil must follow the plan. The class teacher (primary) or tutor (secondary) remains responsible for supporting the child's development and day-to-day needs.

9.2 IHCPs ensure pupils with medical conditions are supported effectively by setting out what needs to happen, when, and by whom. They are essential where conditions fluctuate, require emergency action, or are long-term and complex. Not every child will need one; this should be agreed between the school, health professionals, and parents. If agreement cannot be reached, the Headteacher will make the final decision. A flowchart for the process is provided in Appendix A.

9.3 IHCPs will be accessible to staff who need them while maintaining confidentiality. The level of detail will reflect the complexity of the child's condition. If a child has SEND without an EHCP, their needs should be included in the IHCP. School staff, healthcare professionals, or parents may initiate plans. Parents, relevant health professionals, and the pupil (where appropriate) should be involved. The school is responsible for finalising and implementing the plan.

9.4 IHCPs will be reviewed at least annually, or sooner if the child's needs change. They will be created with the child's best interests in mind and help the school manage risks so the pupil can participate fully. Where a child has an EHCP, the IHCP should be linked to or incorporated into it.

9.5 Each IHCP must include:

- the medical condition, triggers, symptoms and treatments
- the pupil's specific needs (medication, equipment, testing, access to food/drink, environment etc.)
- support required for educational, social and emotional needs
- the level of support required, including emergency arrangements and any self-management
- who will provide support, their training needs and cover arrangements
- who in school needs to know about the condition
- arrangements for written parental consent for medication
- arrangements for school trips and activities
- confidentiality considerations
- what to do in an emergency and who to contact

(An Emergency Healthcare Plan from a clinician may inform the IHCP; the school is not responsible for writing or reviewing these.)

See Appendix B

10.0 Staff training and support

10.1 Our schools will ensure staff receive the support and training needed to safely assist pupils with medical conditions. Training needs will be identified when IHCPs are developed, in discussion with parents and relevant professionals. Staff must feel competent and confident, with a clear understanding of the pupil's condition, its implications, and any preventative measures.

10.2 Where specialist skills are required, external agencies will provide training. Training will be reviewed regularly, including as part of induction or when a pupil's needs change.

10.3 A first-aid certificate alone does not qualify staff to support pupils with medical conditions and additional training will be provided to nominated staff where required.

10.4 Our schools will provide awareness training so that staff understand the policy and their role in implementing it

10.5 Staff must not administer medicines or conduct healthcare procedures without appropriate training aligned with the child's IHCP

10.6 Parents will be asked to share valuable insights into how their child's needs can be supported.

11.0 The child's role in managing their own medical needs.

11.1 Where, following discussion with Parents/Carers, a child is judged competent to manage their own health needs or medication, the school will encourage them to do so. This will be reflected in their Individual Health Care Plan (IHCP).

11.2 Wherever appropriate, children should be able to access and manage their own medication quickly and safely. Medicines for self-administration will be stored in an appropriate location that ensures safeguarding of all pupils. Insulin, adrenaline devices, and asthma medication will also be held in an appropriate and labelled location so they can be accessed immediately.

11.3 Some children may still require supervision when managing their medication or procedures. Where a child cannot self-administer, trained staff will provide the necessary support.

11.4 If a child refuses medication or a required procedure, staff will follow the steps outlined in the IHCP. Parents/Carers will be informed as soon as possible so that alternative arrangements can be agreed.

12.0 Children Unable to Attend School due to their Medical Condition

12.1 The DfE states that children who cannot attend school for health reasons must still receive a good-quality education that meets their individual needs and enables them to progress.

12.2 Where a child is unable to attend school because of a medical condition and cannot otherwise receive suitable full-time education, the local authority is legally responsible for arranging appropriate provision. This must be in line with relevant DfE guidance.

12.3 Local authorities must demonstrate that they have considered statutory guidance when making decisions about provision and must have clear justification if they depart from it.

12.4 Our Schools will collaborate with the local authority to ensure that any child unable to attend receives suitable education and that provision supports both academic progress and wider wellbeing.

13.0 Managing medicines

13.1 Medicines will only be administered in schools when it would be detrimental to a child's health or attendance not to do so. No child under 16 will be given prescription or non-prescription medication without written consent from Parents/Carers. Staff may administer medication once the required consent form has been completed.

13.2 Our Schools will only accept medication that is in date, clearly labelled, and provided in its original container with instructions for administration, dosage, and storage. Insulin must be in date but may be supplied in a pen or pump rather than its original packaging.

14.0 Managing Medicine on and off school premises

14.1 All medicines will be stored safely in a locked cabinet in the Medical Room. Pupils should know where their medicines are kept and be able to access them quickly when needed. If medicines are in a locked space, the whereabouts of the keyholder will be shared with all relevant staff and pupils who administer their own medication.

14.2 Asthma inhalers, blood-glucose meters, and adrenaline pens must always be readily accessible and not locked away. These will be stored in classroom cupboards or a centralised place if appropriate but always where both the pupil and staff can access them. Pupils requiring inhalers must always have one in school.

14.3 Staff must administer medicines according to the prescriber's or parent's written instructions. If these differ, a Senior Leader will contact parents to clarify. The school will keep written records of all medicines administered, including dosage, timing, staff initials, and any noted side effects (see Appendix C).

14.4 When medicines are no longer needed or out of date, they will be returned to parents for safe disposal. Sharps must be disposed of in approved sharps boxes.

14.5 In most circumstances, controlled drugs will be stored securely in a non-portable locked cabinet – labelled appropriately. Where a pupil has been assessed competent, they may carry their own controlled drugs under a risk assessment prepared by the school. This risk assessment will be reviewed regularly.

14.6 School staff may administer a controlled drug to a pupil for whom it is prescribed, following prescribers' instructions and recording the dosage, time, date, and initials.

14.7 No child under 16 will be given prescription or non-prescription medication without written parental consent unless the medication has been prescribed without the parents' knowledge. In these cases, pupils will be encouraged to involve their parents while respecting confidentiality.

14.8 Children under 16 must not be given medication containing aspirin unless prescribed by a doctor.

14.9 Pain relief or similar medication may only be administered after checking the maximum dosage and the timing of any previous dose. Parents must be informed.

14.10 Our secondary schools may hold a controlled stock of paracetamol. Pupils are not permitted to bring paracetamol to school.

14.11 When administering paracetamol, staff must follow the manufacturers dosage guidance for the age of the pupil and where under 16, seek consent from parents.

14.12 Wherever medicines should be prescribed so that they can be taken outside of school hours.

14.13 For trips outside the normal school day (e.g. early starts, late returns or residentials), parents/carers will meet with designated staff to confirm timings, dosages, and consent. Medicines will be stored according to manufacturer instructions and held by the designated staff member unless the IHP states the pupil may carry their own medication.

14.14 Before administering medicine off site, staff will complete the required checks in line with the above procedures and recordkeeping (child's name, expiry date, dosage, correct measuring device, and second-person verification where required).

15.0 Accidental administration of medication

If medication is given in error or administered accidentally, staff will:

- Inform a senior leader or appointed first-aid/medical lead immediately.
- Monitor the pupil closely.
- Contact parents/carers as soon as possible and update them on the situation.
- Continue monitoring and, if needed, advise parents/carers to collect the pupil for medical review.
- Call 999 if there are any signs of immediate risk (e.g. suspected allergic reaction or reduced responsiveness).
- Reassure parents/carers and arrange a follow-up conversation to explain what happened and the steps taken.
- Investigate the incident and implement follow up actions if required.

16.0 Accidental administration of an adrenaline pen

If an adrenaline pen is administered accidentally, staff will:

- Inform a senior leader and the appointed first-aid/medical lead immediately.
- Monitor the pupil closely.
- Contact the named parent/carer contacts to explain what has happened and confirm there is no anaphylactic reaction.
- Advise parents/carers to seek medical advice. If prompt collection is not possible, a staff member and first aider will take the pupil to the nearest Minor Injuries Unit or A&E.
- Reassure parents/carers and explain that the school is reviewing how the incident occurred.
- Arrange an early follow-up conversation with parents/carers to discuss the incident.
- Investigate the incident and implement follow up actions if required.

17.0 Accidental Administration of Insulin

In the event of accidental administration of Insulin, staff will follow these steps unless Parents/Carers request otherwise (the following steps consider First Aid advice)

- Alert SLT/First Aider.
- Monitor the child closely.

- Alert the child's contacts to accidental administration of insulin.
- Recommend that the child's contact seeks medical advice. If the child's contact cannot get anyone to collect promptly, a staff member and first aider will take the child to the nearest Minor Injury Unit or Accident and Emergency.
- Reassure the child's contacts on how the child is and that the school are looking into how the situation has happened.
- At the earliest opportunity, a staff member will meet with the child's contacts to discuss the incident.
- Investigate the incident and implement follow up actions if required.

18.0 Asthma Friendly Schools

18.1 Some of our schools are an Asthma Friendly School. Asthma Friendly Schools have a designated Champion who is responsible for reviewing policies, maintaining an asthma register, managing kits and records including staff training and administration of salbutamol, and supporting children and families to ensure medication is correct, spacers are in school and IHCP's are written. Asthma friendly schools have an Asthma Champion.

18.2 Research completed by Asthma UK shows that someone with asthma is four times less likely to be admitted to hospital due to their asthma if they use their Personalised Asthma Action Plan (PAAP). Therefore, all children with asthma should have a PAAP which should be completed and reviewed by a healthcare professional (GP, Practice Nurse, Asthma Clinic, A&E staff, or hospital doctor). This should be reviewed at asthma related appointments when there are changes in a child's condition or treatment and annually as a minimum. PAAPs support to ensure that children's asthma is managed effectively within school and to prevent hospital admissions. Whilst we maintain that all children should have a PAAP there are instances where they are not always completed in some healthcare settings, or there is a delay in obtaining the PAAP or delay in bringing it into school. In these situations, a school wide PAAP will be used. Parents/Carers should contact their GP or asthma clinic to organise a PAAP and organise reviews.

18.3 Our asthma friendly schools recognise that children with asthma should be supported so they can participate in school and not be excluded due to their medical condition. The Asthma Champion works with families to adhere to IHCP's and PAAP's to ensure children can still attend school and absences related to asthma are limited. Absence related to asthma is recorded and monitored by designated staff.

18.4 Our asthma friendly schools have an asthma register of children with suspected and confirmed asthma which is updated yearly and/or when required. When children join our asthma friendly schools, families are required to complete a medical declaration form; these are reviewed annually at the start of each new school year. Children identified as having confirmed or suspected asthma are invited to meet with the Asthma Champion to complete an IHCP and ensure an individual PAAP or school wide PAAP is in place.

18.5 Staff receive annual training in the following area related to asthma.

- What is asthma, a basic understanding.
- Recognise poorly controlled asthma.
- Recognition of an acute asthma attack
- Management of an acute attack
- Environment impact on asthma: pets, air pollutions, internal air quality, influence of season.
- Socioeconomic aspects of asthma: able to demonstrate basic modifiable risk factors.

19.0 Emergency Salbutamol Inhalers – where on site

19.1 Our schools may store and manage an Emergency Salbutamol Inhaler pack. These packs are to be used in an emergency. For example, no inhaler in school or an inhaler not in working order. Parents/Carers who have

made the school aware their child has asthma are asked to sign a consent form. This then allows those children with consent to have the emergency medication administered should the need arise.

20.0 Emergency Adrenaline Auto-injectors – where on site

20.1 Where on site, our schools store and manage Emergency Adrenaline Auto-injectors. The spare pens are to be used in an emergency. For example, no adrenaline pen in school or a pen not in working order. Parents/Carers who have made the school aware their child has anaphylaxis are asked to sign a consent form. This then allows those children with consent to have the emergency medication administered should the need arise.

21.0 Unacceptable Practice

21.1 Although 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 acceptable practice to:

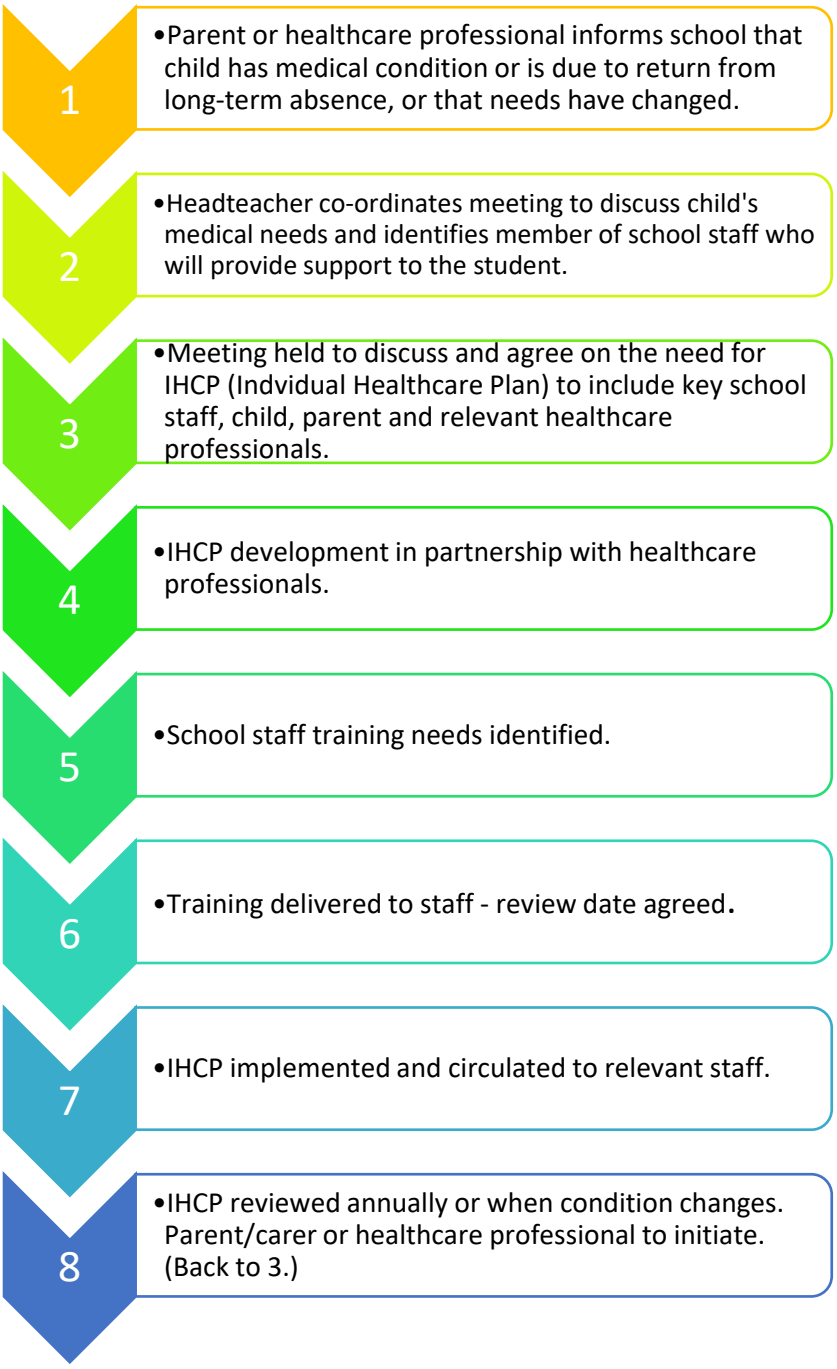
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- assume that every child with the same condition requires the same treatment.
- ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion, (although this may be challenged)
- 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 Healthcare Plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need 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 child, 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; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of School life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

22.0 Complaints

23.1. Should Parents/Carers or pupils 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 complaints procedure outlined in the Trust Complaints Policy.

23.0 Appendices

Appendix A - Model Process for Developing Individual Health Care Plans



St James School Individual Health Care Plan

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	
Name of Parent/Carer 1	
Contact Numbers	**Work:** **Home:** **Mobile:**
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	**Work:** **Home:** **Mobile:**
Relationship to Child	
Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the student's educational, social, and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency and the action to take if this occurs

Who is responsible in an emergency, state if different for off-site activities

Staff training needed/undertaken – who, what, where, when

Plan developed with	Signed

Form copied to

Appendix C – Example of Recording Tablet Forms of Medication Administered to an Individual Child

Child's Name						
Class						
Dates medicine provided by Parent/Carer						
Quantity of tablets received						
Name and strength of medicine						
Controlled drug e.g. ADHD medication	Yes			No		
Expiry date						
Dose and frequency of medicine						
Date returned and quantity						

Staff signature		Print Name:
Parent/Carer signature		Print Name:

Date				
Time given				
Dose given				
Name of member of staff				
Staff signature				
Quantity of tablets left				
Counter Signature				

Date				
Time given				
Dose given				
Name of member of staff				
Staff signature				
Quantity of tablets left				
Counter Signature				