

Caldecote Community Primary School



Supporting Pupils with Medical Conditions Policy

Mission Statement

“Care, Challenge, Persevere, Succeed”

Reviewed February 2026

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities where it is safe to do so.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Yaroslava Briggs

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

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

3. Roles and responsibilities

3.1 The governing body

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation

- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the relevant medical service in the case of any pupil who has a medical condition that may require support at school
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Some pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 Healthcare Professionals

Relevant medical professionals liaise with the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, may write to the school and notify them if any pupils are diagnosed with a new medical condition.

4. Equal opportunities

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

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

There may be times when it is unsafe for a pupil to take part in a particular activity.

5. Being notified that a child has a medical condition

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

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Individual healthcare plans – see appendix 1

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCo responsible for the key stage.

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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents 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, a child's education, health and care (EHC) plan. If a pupil has SEN but does not have a EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the SENCo will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

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

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent
- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

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
- All medicines will be stored safely. Staff will be informed about where the medicines are. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
- Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug will not have it in their possession. All controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for administering their own medicines and procedures under adult supervision. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices where appropriate. Staff will not force a pupil to take medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

8. Emergency procedures

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

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

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the relevant SENCo. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure if specific training is required.
- All staff will be aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures, so they can recognise and act quickly when a problem occurs.

10. Record keeping

The headteacher will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

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

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed bi-annually.

14. Links to other policies

This policy links to the following policies:

Accessibility plan

Complaints

Equality information and objectives

First aid

Health and safety

Safeguarding

Special educational needs information report and policy

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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 pupil'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*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 2

Diabetes

Here at Caldecote Community Primary School we want every child with diabetes to feel confident and safe at school.

- No child with diabetes will be excluded from any part of the school curriculum.
- Every child with diabetes will be able to have access to extracurricular activities, including residential
- We will work together with the Local Authority and Health Services to make sure we meet the needs of children with diabetes.
- The Hospital Diabetes Team provide training and support to our school, so school staff have the skills and confidence they need to look after any child with diabetes.
- No parent will be relied on to come into school to treat their child's diabetes.
- Every child with diabetes will be able to decide on where they can have their insulin administered.
- Every child with diabetes will have an individual healthcare plan, which details exactly what their needs are and who will help them.
- Parents should provide up-to-date information about their children's diabetes needs and all the supplies needed to manage diabetes in school.
- We will not assume that all children with diabetes have the same needs.
- All trained school staff know what to do in case of emergency and all relevant staff will be trained in how to care for a child with diabetes. Planned staff absences should be co-ordinated so that there is always one trained person in school.
- Schools and parents will agree on a clear method of communication
- Children with diabetes will never be left alone when having a hypo or be prevented from eating or drinking to prevent or treat a hypo.
- Children with diabetes will never be prevented from blood testing or taking insulin and will be encouraged to look after their equipment themselves when they are able.
- When children with diabetes have tests, a specific plan will be agreed with the school, child and parents.
- Children with diabetes will not be sent home frequently or penalised for poor attendance when absence is related to their diabetes.
- Every child with diabetes will be listened to and their views taken into account.

Appendix 3

Epilepsy

Here at Caldecote Community Primary School we want every child with epilepsy to feel confident and safe at school.

- Caldecote Community Primary School recognises that epilepsy is a common condition and welcomes all students with epilepsy. We do not discriminate against any children or young people with the condition.
- No child with epilepsy will be excluded from any part of the school curriculum.
- We believe that every child with epilepsy has the right to participate fully in school life, including outdoor activities and residential trips.
- We will support children with epilepsy, their families and carers; this includes working with agencies to develop relevant plans.
- No parent will be relied on to come into school to treat their child's epilepsy.
- We will keep records of all the medical details of children and young adults with epilepsy in their Individual Healthcare Plan. We keep parents updated.
- We ensure that all children and staff in the school understand that epilepsy is a varied and individualised condition.
- We ensure that all children with epilepsy are treated as individuals, and that their needs are addressed appropriately.
- We ensure that all staff fully understand epilepsy and seizure first aid, and if necessary that there is at least one member of staff trained to administer emergency medicines in school at all times.
- Schools and parents will agree on a clear method of communication
- Children with epilepsy will never be left alone when having a seizure.
- We will work together with children with epilepsy, parents /carers, staff, governors, educational psychologists and health professionals to ensure this policy is successfully implemented and maintained.
- When children with epilepsy have tests, a specific plan will be agreed with the school, child and parents.
- Children with epilepsy will not be sent home frequently or penalised for poor attendance when absence is related to their condition.
- Every child with epilepsy will be listened to and their views taken into account.

Appendix 4

Types of Epilepsy

Tonic-Clonic seizures

The person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

Do...

- Protect the person from injury - (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery
- Aid breathing by gently placing them in the recovery position once the seizure has finished (see pictures)
- Stay with the person until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if...

- You know it is the person's first seizure, or
- The seizure continues for more than five minutes, or
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures, or
- The person is injured during the seizure, or
- You believe the person needs urgent medical attention

Focal (partial) seizures

Sometimes the person may not be aware of their surroundings or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

Do...

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

- Explain anything that they may have missed

Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

First aid for people who use a wheelchair

Here are some general first aid guidelines for people who have a seizure in a wheelchair.

Do...

- Put the brakes on, to stop the chair from moving
- Allow the person to remain seated in the chair during the seizure (unless they have a care plan which says to move them). Moving the person could possibly lead to injuries for the person having the seizure and the carer
- If the person has a seatbelt or harness on, leave it fastened
- If the person doesn't have a seatbelt or harness, support them gently, so they don't fall out of the chair
- Cushion the person's head and support it gently. A head rest, cushion or rolled up coat can be helpful
- The person's care plan should give advice on what to do after the seizure has finished. For example, whether it is safe to move the person from the chair to put them in the recovery position.

Don't...

- Restrain the person's movements
- Put anything in the person's mouth
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Appendix 5

Anaphylaxis/Allergies

Here at Caldecote Community Primary School we want every child with allergies to feel confident and safe at school.

- Caldecote Community Primary School recognises that allergies are common conditions and welcomes all students with allergies. We do not discriminate against any children or young people with these conditions.
- No child with allergies will be excluded from any part of the school curriculum.
- We believe that every child with allergies has the right to participate fully in school life, including outdoor activities and residential trips.
- We will support children with allergies, their families and carers; this includes working with agencies to develop relevant plans.
- No parent will be relied on to come into school to treat their child's allergies.
- We will keep records of all the medical details of children with serious allergies that require an auto-injector in their Individual Healthcare Plan. We keep parents updated.
- We ensure that all children and staff in the school understand that allergies are varied and individualised conditions.
- We ensure that all children with allergies are treated as individuals, and that their needs are addressed appropriately.
- Caldecote Community Primary School will ensure that all children who are prescribed adrenaline carry or have immediate access to their own adrenaline auto-injector.
- We will store emergency adrenaline auto-injectors in the first aid cabinet in the main office, where they can be with the child within 5 minutes.
- Before and after meal and snack times, tables will be cleaned.
- Children will be encouraged to wash their hands before and after meal and also at snack times.
- Staff will be vigilant at meal and snack times to discourage food sharing but also try not to isolate the child with allergies.
- All activities should be risk assessed. Staff need to check that any food or craft materials used are suitable for children with allergies.
- We will ensure that all members of staff are training in food allergy awareness and anaphylaxis to make sure that all staff can recognise anaphylaxis symptoms and know what to do in an emergency.
- We will review risk assessment and policies in the event a reaction occurs at school.
- Schools and parents will agree on a clear method of communication
- Children with severe allergies will never be left alone when having a reaction.

- Children with allergies will not be sent home frequently or penalised for poor attendance when absence is related to their condition.
- Every child with an allergy will be listened to and their views taken into account.

Appendix 6

Asthma

Here at Caldecote Community Primary School we want every child with asthma to feel confident and safe at school.

- Caldecote Community Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school.
- The school positively welcomes all pupils with asthma.
- Our school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, governors and pupils.
- Supply teachers and new staff are also made aware of the policy. All members of staff have basic first aid training so can deal with any asthma related incidents within school.
- Parents are asked to ensure that the school is provided with a labelled inhaler. These will be kept in the medical box within the classroom. All inhalers must be labelled with the child's name and the forms must be completed by the parent.
- School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will let pupils take their own medicines under supervision if appropriate and they are able to do so.
- The school also have an emergency Salbutamol Inhaler in the medical cabinet in the school office if needed.
- When a child joins the school, parents are asked if their child has any medical conditions including asthma on their enrolment form. Parents are sent data collection forms half yearly where they have the opportunity to make any changes but parents are able to come into school at any time to keep us up to date.
- Caldecote Community Primary School will log all occasions when an inhaler has been used on Medical Tracker. Information can be sent to the parents via Medical Tracker if needed. It is the responsibility of the member of staff administering the medication to record this.
- Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Pupils' inhalers should be labelled and kept at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- It is the responsibility of the trip leader to ensure that all pupils with asthma take their inhalers when taking part in an offsite activity. These inhalers will be kept with the first aider.
- The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definite no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

- The school ensures that all pupils understand asthma. Asthma is included in the National Curriculum for Key Stage 1.
- If a child or young person is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the special education needs coordinator about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma attacks: action to take

The school follows the following procedure:

- Ensure that the reliever inhaler is taken immediately
- Stay calm and reassure the child
- Help the child to breathe by ensuring tight clothing is loosened
- If the child is in extreme distress, call an ambulance and then inform the child's parents or carers.

Emergency procedure/Severe attacks

A severe attack is defined as:

- The inhaler has no effect after five to ten minutes;
- The child is distressed or unable to talk;
- The child is becoming exhausted;
- The child shows signs of rapid deterioration;
- There is any doubt at all about the child's condition;
- If there is no improvement to the child's health an ambulance will be called.

Appendix 7

Weakened Immunity

Here at Caldecote Community Primary School we want every child with a weakened immune system to feel confident and safe at school.

- Caldecote Community Primary School recognises that some children may have weakened immune systems. We do not discriminate against any children or young people with these conditions.
- No child with a weakened immune system will be excluded from any part of the school curriculum unless it is unsafe for them to take part.
- We will support children with weakened immune systems, their families and carers; this includes working with agencies to develop relevant plans.
- We will keep records of all the medical details of children with weakened immunity that require specific care.
- We ensure that all children and staff in the school understand that conditions involving weakened immunity are varied and individualised.
- We ensure that all children with weakened immunity are treated as individuals, and that their needs are addressed appropriately.
- Before and after meal and snack times, tables will be cleaned.
- Children will be encouraged to wash their hands before and after meal and also at snack times.
- All activities should be risk assessed. For example pupils with cystic fibrosis cannot be exposed to substances such as bark and dry sand.
- Schools and parents will agree on a clear method of communication.
- Children with weakened immunity will not be sent home frequently or penalised for poor attendance when absence is related to their condition.