



Supporting Children and young people with Medical Conditions and Administration of Medicines Policy

(including supporting children and young people who
cannot attend School because of medical conditions)

EYFS TO KS5 (ALL PHASES)

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1. Purpose of Policy

Bohunt Education Trust (the Trust) has introduced this Policy to ensure that:

- Children, young people, staff and parents/families understand how our Trust and each member School will support children and young people with medical conditions regardless of whether that medical condition is visible or invisible, and including where that child or young person is unable to attend school on medical grounds (including those in hospital);
- Children and young people with medical conditions are properly supported to allow them to access the same education as their peers, including school trips, all co-curricular activities and sporting or performance or outdoor activities

This Policy ensures the Trust meets its legal duties and charitable purposes are met effectively.

2. Legislation and Guidance

This Policy complies with and discharges the Trust's legal duties with respect to:

- [Section 100 of the Children and Families Act 2014](#),
- Department for Education's statutory guidance: [Supporting Children and young people at school with medical conditions](#).

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

3. Definitions

Medical condition means any diagnosed physical or mental health condition that affects a child or young person's ability to learn, access education, or participate fully in school life. This includes both long-term and short-term conditions, whether visible or invisible.

Individual Healthcare Plan (IHP) refers to a document that provides detailed information about a student's medical condition, its impact on their school life, and the specific support they require. This is developed in partnership between the school, parents/carers, the student, and relevant healthcare professionals.

Staff includes all paid staff (teaching and support), volunteers and governors who may be responsible for the care of students with medical conditions.

School Nursing Service refers to the NHS service that provides public health nursing support to schools, including support for students with medical conditions.

Parent means any person with parental responsibility for a child, including guardians and carers.

Reasonable adjustments refers to modifications made to enable children with medical conditions to participate fully in all school activities alongside their peers.

Competent means having the necessary knowledge, training, and confidence to support students with medical conditions effectively and safely.

4. Equalities Assessment Impact Statement

The Trust is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. We are committed to eliminating discrimination and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face and our duties under the Equality Act 2010. We have reviewed the effect of this policy on those who may face additional or different barriers to securing its benefits than the population as a whole; the purpose of this Policy is to ensure all children and young people regardless of need are able to access education and facilities as equally as their peers:

- Our Trust and each member school is committed to ensuring that students are actively supported regardless of any medical condition to participate in co-curricular activities, school trips and visits, or in sporting, performance, outdoor, or other activities, and not prevent them from doing so in accordance with the Trust's Equalities Objectives.
- Each member school will consider what reasonable adjustments need to be made to enable these children and young people to participate fully and safely in co-curricular activities or on school trips, visits and sporting, performance, outdoor or other activities in accordance with the Trust's Equalities Objectives.
- Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that Students with medical conditions are included. In doing so, children and young people and their parents and any relevant healthcare professionals will be consulted.

5. Roles and Responsibilities

5.1 All staff

Supporting children and young people 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 children and young people 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 children and young people 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 children and young people with medical conditions that they teach and the specific help those students may need during the school day. All staff will be appropriately trained in how to respond when they become aware that a child or young person with a medical condition needs help.

5.2 Designated staff

A dedicated member of staff is responsible for overseeing, monitoring, and reviewing the centralised IHP register, ensuring all information is up to date and staff are aware of the needs of the child or young person.

A dedicated member of staff will be a central point of contact for parents and carers, as well as medical professionals, when supporting a child or young person with a medical condition.

5.3 The Head of School

Each Head of School will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs in their School through partnership with medical professionals
- Make sure that school staff are aware that they are insured to support Children and young people in this way
- Contact the School Nursing service in the case of any Child or young person who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

5.4 Children and young people

Children and young people with medical conditions will often be best placed to provide information about how their condition affects them. Children and young people 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.

5.5 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 and may be involved in its drafting through partnership with medical professionals
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

5.6 School Nursing Team and other healthcare professionals

The School Nursing Service notifies a School when a child or young person has been identified as having a medical condition that will require support in school. This will be before the Child or young person starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians including paediatric psychiatrists, will liaise with the Schools' nurses/welfare team and notify them of any children and young people identified as having a medical condition.

5.7 The Board of Trustees

The Board of Trustees has ultimate responsibility to ensure all member Schools have appropriate arrangements to support Children and young people with medical conditions. Each Local Governing Body will be responsible in their school for ensuring that the School has sufficient numbers of trained staff who are competent before they are responsible for supporting children with medical conditions.

6. Individual Health Care Plans

When the school is notified that a Student has a medical condition, the process outlined below will be followed to decide whether the Student 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 Students who are new to our school. See Appendix 1.

The Head of School has overall responsibility for the development of IHPs for Students with medical conditions through partnership with medical professionals. This responsibility is delegated by the Headteacher to a designated member of staff.

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

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

- What needs to be done
- When
- By whom

Not all Students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents or carers when an IHP would be inappropriate or disproportionate.

This will be based on evidence. If there is not a consensus, the Head of School 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 or mental health professional, who can best advise on the Student's specific needs. The Student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The person with designated responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs through partnership with medical professionals:

- The medical condition, its triggers, signs, symptoms and treatments
- The Student'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 Student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams (in line with the current JCQ regulations), use of rest periods or additional support in catching up with lessons, counselling sessions

- The level of support needed, including in emergencies. If a Student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the Student'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 Student's condition and the support required
- Arrangements for written permission from parents and the Head of School for medication to be administered by a member of staff, or self-administered by the Student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the Student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/Student, the designated individuals to be entrusted with information about the Student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Supporting children with medical needs who cannot attend School

The Trust and each member School has a duty to support the relevant local authority in that local authority's discharge of its duty to make suitable provision for children who cannot attend school because of medical conditions.

Each member school will have a named member of staff who is responsible for:

- dealing with students who are unable to attend school because of medical needs
- actively monitoring student progress and reintegration back into school
- supplying student's' education providers as arranged by the local authority with information about the student's capabilities, progress and outcomes
- keeping students informed about school events and encouraging communication with their peers
- providing a link between students, their parents and the local authority, including notifying the local authority when a student is likely to be away from school for a significant period of time due to their health needs. This will be in accordance with the Local Authority and further guidance should be sought directly from them.

8. Managing medicines for all Students

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

- When it would be detrimental to the Student's health or school attendance not to do so and
- Where we have parents' written consent. The only exception to this is where the medicine has been prescribed to the Student without the knowledge of the parents.
- Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a Student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents and carers 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

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to Students and not locked away.

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

Controlled drugs

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

A Student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another Student to use. In such circumstances, an appropriate risk assessment must be carried out and an IHP / EHCP will usually be in place. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Heads of School are responsible for ensuring appropriate risk assessments are in place for secure storage and access of controlled drugs on school premises.

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

A risk assessment for all controlled drugs is in place and reviewed at least annually.

Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs. Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a Student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents and carers so that an alternative option can be considered, if necessary.

Unacceptable practice

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

- Prevent Students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every Student with the same condition requires the same treatment
- Ignore the views of the Student 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 under the guidance of a medical practitioner
- If the Student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise Students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments. Parents/carers are requested to provide information relating to days and times of appointments during the school day
- Prevent Students 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 the Student, 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 Students from participating, or create unnecessary barriers to Students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask Students to administer, medicine in school toilets

9. Emergency procedures

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

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

10. Training

Staff who are responsible for supporting Students with medical needs will receive suitable and sufficient training to do so and staff responsible for administering medicines will also receive appropriate training.

For students with medical conditions, additional or mandatory training will be identified during the development or review of IHPs. Staff who provide support to Students 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 Head of School or the person with designated responsibility. 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 Students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

11. Record keeping

The Head of School will ensure that written records are kept of all medicine administered to Students.

Parents will be informed if their Student has been unwell at school. The Local Governing Body will monitor the operation of this process.

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

12. Liability and indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust's level of risk. Details available via the Headteacher's PA in each school

13. Monitoring provisions

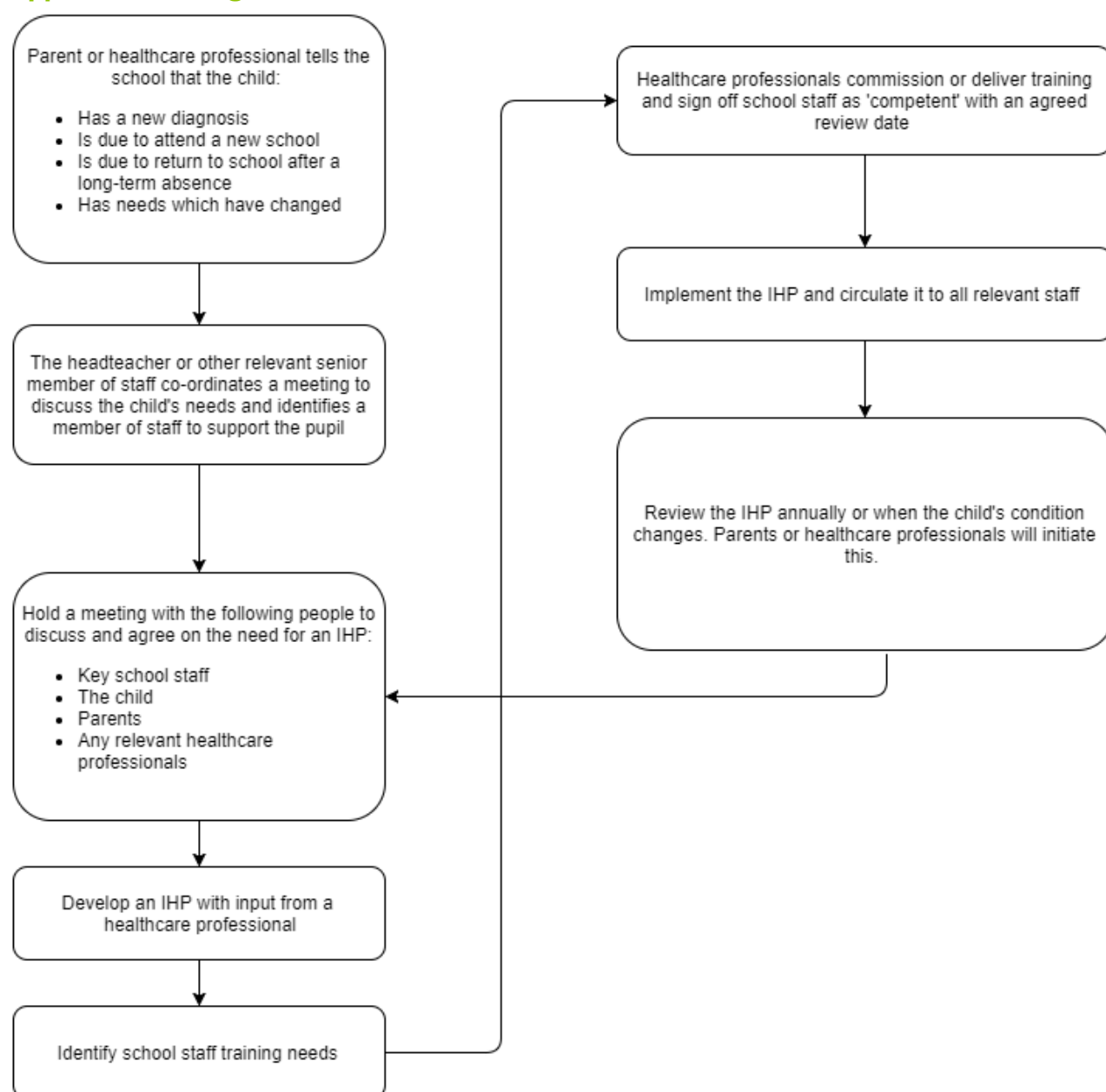
The Education Committee will review this policy annually. Data relating to matters under this policy is reviewed termly at LGB and Education Committee by the Education Committee of the Board of Trustees every 3 years.

14. Links to other policies

This policy links to the following policies and any guidance, processes or procedures issued under them including risk assessments:

- Accessibility plan
- Complaints
- Equalities information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix I: Being notified a child has a medical condition



Appendix 2: Template for an individual healthcare plan

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

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

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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

