



St John's Catholic Primary School

Supporting pupils with medical needs

2026- 2027

What legislation is this guidance issued under?

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, to make arrangements for supporting pupils at their school with medical conditions.

In meeting this duty, the governing body must have regard to guidance issued by the Secretary of State under this section. This guidance came into effect when Section 100 came into force on 1st September 2014.

Aim

The aim 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.

St John's Catholic Primary School recognises that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- The governing body will ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- The governing body will ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the governing body will comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice.

The governing body recognises that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

We will ensure that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

The Headteacher will be responsible for ensuring that:

- sufficient staff are suitably trained,
- all relevant staff will be made aware of the child's condition,
- cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available,
- there is appropriate briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are completed
- individual healthcare plans are monitored

Procedure to be followed when notification is received that a pupil has a medical condition

For children starting school, arrangements should be in place in time for the start of the relevant school term. Discussions with parents and relevant health care professionals should begin as soon as possible to enable this to happen.

In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Individual healthcare plans

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim is to capture the steps which school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The governing body will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

The following information will be included:

- 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
- 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 (some children will be able to self-manage and this should be clearly stated with a procedure for monitoring), who will provide this 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
- who in the school needs to be aware of the child'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, or self-administered by the pupil 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 child can participate, e.g. risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Staff training and support

Staff will be supported in carrying out their role to support pupils with medical conditions, and this will be reviewed termly. Training needs will be assessed by the headteacher in discussion with health care professionals and delivered by specialist health care staff.

Any member of school staff providing support to a pupil with medical needs will have received suitable training. This will be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.

Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed, as appropriate.

The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. The headteacher will ensure this remains up-to date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, on a case by case basis, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Whole school awareness training will take place annually, at the initial staff meeting of the year so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy

New staff will receive training during induction.

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly

Managing medicines on school premises (for children who have medical needs)

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child should be given prescription or non-prescription medicines without their parent's written consent. Parents are requested to complete a Medicines Administration Form (see Appendix A).

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Schools will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

All medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Schools will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a locked cupboard in the school office and only named staff should have access.

Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Record keeping

Written records are kept of all medicines administered to children (see Appendix B). These records are kept in the Medical Administration File in the Headteacher's office.

Emergency procedures

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. School will ring 999 and clearly state the symptoms and conditions of the child involved. They will give them the school postcode –WN6 0XR

Day trips, residential visits and sporting activities

St John's Catholic Primary School will support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Teachers will be aware of how a child's medical condition will impact on their participation, but there will be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils 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. Please also see Health and Safety Executive (HSE) guidance on school trips.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally 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; 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, eg 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 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; 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 to accompany the child.

Liability and indemnity

The school displays its certificate of employers' liability

Administration of medicines

St John's Catholic Primary School take their Legal Liability insurance cover from the County Council (Lot 3) and the Authority's Public Liability Insurers have confirmed that the cover they currently provide to schools under these insurance arrangements is not affected by a school's new statutory responsibilities relating to 'Supporting Pupils at School with Medical Conditions' that came in to force on the 1st September 2014.

The Public Liability insurance policy covers the County Council, the school governing body, teachers, other employees and volunteers should a claim be made against them by a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment. The policy covers the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliances or dressings. This applies to both straightforward and complex conditions. The Insurers require that the teachers, employees and volunteers would have received appropriate training and that this is reviewed on a regular basis.

The policy applies to all school activities including extra curricula activities and school trips at home and abroad.

Cover also applies to any first aid activities carried out by teachers, employees and volunteers.

Complaints

Should parents 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 school's complaints procedure.



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Medical administration form

Pupil Name _____

Name of medication	Dosage to be given	Dosage time	Duration of medicine	Any special directions

Signed _____(parent/carer)

Date _____

[illegible]

[illegible]