

Medical Conditions Policy



Policy Approved: November 2025

Next reviewed: November 2026

SUPPORTING CHILDREN / YOUNG PERSONS WITH MEDICAL CONDITIONS POLICY

St Oswald's C of E Primary School

1. Introduction

This policy is written to support those children and young people with individual medical conditions and outlines how their conditions will be met at St Oswald's C of E Primary School.

This policy and the supporting guidance PG505 - Supporting Children/young persons with Medical Conditions in School/DfE document "Supporting children/young persons at school with medical conditions" should be read together and aim to ensure that:

1. Children, staff and parents/carers understand how our school will support children with medical conditions.
2. The whole school environment is inclusive and favourable to children with medical conditions. This includes the physical environment, as well as social, sporting, and educational activities.
3. Our staff are trained in the impact medical conditions can have on children and young people in order to be safe, welcoming, and supportive of children and young people with medical conditions.
4. Our school understands that children and young people with the same medical condition will not necessarily have the same needs.
5. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency.

2. Policy Statement

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with equal opportunities in our school.

This policy and supporting guidance PG505 - Supporting Children/young persons with Medical Conditions in School/DfE document "Supporting children/young persons at school with medical conditions"/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 children and young peoples at their school with medical conditions. It is also based on the Department for Education's statutory guidance on [supporting children / young persons with medical conditions at school](#).

This policy and supporting guidance PG505 - Supporting Children/young persons with Medical Conditions in School/DfE document "Supporting children/young persons at school with medical conditions" describe the essential criteria for how we will meet the needs of children and young people with short, long-term and/or complex medical conditions, including diabetes and asthma. No child will be denied admission or prevented from taking up a place in this school because arrangements for

their medical condition have not been made. However, in line with our safeguarding duties, we must ensure that children's health is not put at unnecessary risk from, for example, infectious diseases. There may be times we cannot accept a child in school where it would be seriously detrimental to the health of that child or others to do so.

All relevant staff understand the medical conditions that affect children at our school. We also make sure all our staff understand their duty of care to children in the event of them requiring medical intervention. We accept responsibility for members of staff who give or supervise children and young people with the taking of medication/medical procedures during the school day.

The named member of our staff responsible for this medical conditions policy and its implementation is Matilda Brown (Head Teacher).

3. Roles and responsibilities.

3.1 Our governing body.

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

They will do this by:

- Regular reviews of the medical conditions and provision of support in school,
- Reporting by the school to Pupil Support Governing Body Committee and on the Head teacher's Report to the Governing Body.

3.2 Our Head teacher

Our Head teacher will:

- make sure all staff are aware of this policy and supporting guidance in PG505 - Supporting Children/young persons with Medical Conditions in School / DfE document "Supporting children/young persons at school with medical conditions" 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 (IHCPs), including in contingency and emergency situations,
- ensure that all staff who need to know are aware of a child's condition,
- take overall responsibility for the development and monitoring of IHCPs,
- contact the school nursing service in the case of any children and young people who have a medical condition that may require support at school, but who has not yet been brought to the attention of the school nursing service,
- ensure that systems are in place for obtaining information about a child's medical conditions and that this information is kept up to date,
- ensure that supply and peripatetic staff are made aware of relevant information to support children with medical conditions.

3.3 Our Staff.

Supporting children and young peoples 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 unless this is specifically part of their role in school. This includes the administration of medicines.

Our staff will take into account the conditions of children and young people with medical conditions that they teach. All staff will know what to do and how to respond accordingly when they become aware that a child or young person with a medical need requires help.

Our school staff are responsible for:

- following the procedures outlined in this policy and supporting guidance document PG505 - Supporting Children/young persons with Medical Conditions in School / DfE document "Supporting children/young persons at school with medical conditions",
- retaining confidentiality within policy guidelines,
- contacting parents/carers and/or emergency services when necessary and without delay,
- if they have children with medical conditions in their class or group; understanding the nature of the conditions in order to adequately support them. This information will be provided to them.

The head teacher has overall responsibility for the development of IHPs for children with medical conditions. The day to day management, production and oversight of IHCPs has been delegated to Ruth Howlett (SENCO).

3.4 Our Parents/Carers.

We expect that our parents/carers:

- will provide the school with sufficient and up-to-date information about their child's medical conditions,
- will be involved in the development and review of their child's IHCP and may be involved in its drafting,
- will carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment.
- are responsible for making sure their child is well enough to attend school. Parents/ carers should keep children at home when they are acutely unwell.
- will provide medicines and equipment in line with this policy and supporting guidance in PG505 - Supporting Children/young persons with Medical Conditions in School / DfE document "Supporting children/young persons at school with medical conditions" e.g. in original labelled containers, in date and sufficient for the child's conditions,
- will provide up to date contact information and ensure that they or another responsible adult are contactable at all times for if their child becomes unwell at school,
- will only request medicine or medical procedures to be administered at school when it would be detrimental to their child's health or school attendance not to do so,
- will provide written agreement before any medicines can be administered to their child / young person.

If an IHCP is required for their child, it is expected that our parents / carers will work with our school and healthcare professionals to develop and agree it.

3.5 Our children and young people.

Children with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate, our children will be involved as far as possible in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.6 School nurses and other healthcare professionals.

We will work with our Local Health Authority School Health Service and Nursing Team to support the medical needs of children and young persons in our school. This may include assistance with supporting medical conditions, assistance with IHCPs, and assistance with supplementing information provided by the child's parents/carers or GP. We will also seek their advice for where specialist local health teams can be contacted for particular conditions e.g. asthma, diabetes, epilepsy etc.

The School Health Service and Nursing Team are also the main contacts for advice on training for staff to administer medication or take responsibility for other aspects of support.

The School Health Service and Nursing Team will notify our school when a child has been identified as having a medical condition that will require support in school. This will be before the child starts our school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the School Health Service and Nursing Team and notify them of any children identified as having a medical condition. They may also provide us advice on developing IHCPs.

Should a medical condition prevent a child from attending school for 15 or more days, we will make a referral to the Leeds CC Medical Needs Teaching Service (referral forms can be accessed on www.mntsleeds.org and emailed to the email address on the form).

4. Storage, administration and management of medications.

4.1 Provision of medication.

We will allow medications to be brought to school when it is essential e.g. where it would be detrimental to a child or young person's health if the medicine was not administered during the 'school day'. The medication must have been prescribed by a medical professional

Wherever possible, parents/carers are advised to request that any prescription is such that the child does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose.

We will only accept medication in its original container and with the prescriber's instructions for administration if the medication is prescribed. All medicines will be stored in either the School Office or the Nursery Building medical cabinet.

In exceptional circumstances (such as a broken bone,) and at the discretion of the headteacher only, Calpol/ Paracetamol medication can be given for a set period of time, eg two days. This will only be given four hours after the child arrives at school. Medication must be provided by parents and carers.

4.2 Administration of medication.

We will administer medication/medical procedures or supervise the self-administration of medication/medical procedures only where there is specific prior written permission from the parents/carers. Such written consent will need to state the medicine and the dose to be taken/or the details of the medical procedure.

We will follow the detailed guidance in PG505 - Supporting Children/young persons with Medical Conditions in School/DfE document "Supporting children/young persons at school with medical conditions" regarding administration of medication/medical procedures including disposal of out of date medication, record keeping and training for staff.

No child or young person under the age of 16 will be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

4.3 Self-Management.

We will allow and encourage children who are competent to do so, to manage their own medication. This will be based on discussions with the child and their parents/carers. Specific written consent from parents/carers will still be required. Where necessary we will supervise the child whilst they are taking it.

4.4 Refusal to take medicine.

We will not force a child to take medication/undergo a medical procedure should they refuse.

If information provided by the parent/carer and/or GP suggests that the child is at great risk due to refusal, we will contact parents/carers immediately and may also seek medical advice and/or emergency services support.

Where the information provided indicates that they will not be at great risk, but parents/ carers have informed us that the medication/medical procedure is required we will contact the parent/carer as soon as possible.

4.5 Specific medical conditions

Information on children with medical conditions is held on Arbor and displayed around school. This information should be shared with relevant staff, including lunchtime staff.

Asthma

Children who have been prescribed inhalers for asthma must have an inhaler, labelled with the child's name, in school at all times. The inhaler, together with a completed Asthma Plan and Parental agreement to administer medicine, should be kept in the classroom in an easily accessible place known to the teacher and the child. A copy of the Asthma Plan is also available on Arbor.

Inhalers should be taken to PE and games lessons. Inhalers **MUST** be taken on any trip outside school, including regular Collective Worship at St Oswald's Church.

Children, with the support of an adult, should be allowed to judge when they need to take their inhaler. If a child needs to use their asthma inhaler, this should be recorded by the adult on an "Administration of medicines" sheet and kept with the inhaler.

School also hold emergency inhalers in the school office should a child's device be unavailable or not working. This can only be used by children whose parent/carers have consented to its use via the Emergency Inhaler Consent Form. If used, this must be noted on the Emergency Inhaler Use Register and the parent/carers advised via the Emergency Inhaler Use Letter.

AAI's

All children with allergies (food or otherwise) requiring an AAI are required to keep an AAI in school, these will be stored in the medical cupboard in the outer school office.

School also hold emergency AAI's in the school office (one adult and one junior), held securely but not locked away, for children who are at risk of anaphylaxis, but their own devices are unavailable or not working. If anaphylaxis is suspected in an undiagnosed child, a call will be made to the emergency services stating this who will advise if use of the emergency AAI is appropriate.

A list of staff trained in the use of AAIs can be found in the First Aid Policy. This is also displayed in the School Office in the office.

For further information on anaphylaxis in school, please refer to the 'Nut Free Environment Guidance'.

Food Allergies

Upon being advised of a child with a food allergy, the parent/carers is asked to complete a form (Special Medical Diet Parent Request Form) advising of all relevant details. This is noted on Arbor (with a copy of the form attached) and the form then passed to the Catering Staff if the child has a school provided dinner.

If a child is switching to School Dinners, a check for allergies must be made on Arbor.

Children with an identified food allergy will wear purple lanyards in the dining hall. Where children with allergies which require antihistamine or an epi-pen, these are kept in an unlocked medical cupboard in the school office and are clearly marked with the child's name.

4.6 Storage of medication/medical devices.

We will store, manage, and dispose of out of date medication and medical devices in line with the detailed guidance in PG505 - Supporting Children/young persons with Medical Conditions in School/DfE document "Supporting children/young persons at school with medical conditions".

We will ensure that any medication required critically in the case of an emergency e.g asthma inhalers, Adrenaline Auto Injectors (AAI), insulin, is always readily available wherever the child or young person is on our school premises or off site on school visits / activities.

We will keep a supply of emergency inhalers and AAI devices in school.

4.7 Emergency Situations.

Our staff will follow our school's normal emergency procedures (for example, calling 999). All children's IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a child needs to be taken to hospital, our staff will stay with them until the parent carer (or designated adult) arrives, or accompany a child taken to hospital by ambulance and stay with them until the parent/carers (or designated adult) arrives.

4.8 Control and Administration of Controlled Medication

Controlled Medication is the most serious category of medication and has powerful effects on the body, which are likely to cause harm or addiction. Controlled drugs can be administered to children in school but strict controls will be followed

The medication will be admitted to school in line with the normal procedures. The further controls will then be followed:

- The nominated member of staff will check amount of medication in the packet is as stated by the parent and sign to confirm this. If the member of staff is not the SENDCo, they should confirm with them that the medication is in line with the IHCP.
- The medicine to be stored in double locked storage (a locked box in locked cabinet). Both keys are then to be stored on separate key rings in a number locked key staff.
- The medicine is to be administered by the nominated member of staff and witnessed by a second member of staff. The Record of Administration to be completed and signed on each occasion.
- Any medicine not administered at the end of the course is to be returned to parent/carers. Both the parent and staff member need to sign to confirm this has been done. Empty packets should also be returned to the parent/carers.
- If a new packet of the same medication is brought in, the same sign in and check of quantity needs to be followed as per the above

5. IHCPs and Individual Children and young people Risk Assessments (IPRAs).

We will follow the detailed guidance in PG505 - Supporting Children/young persons with Medical Conditions in School/DfE document “Supporting children/young persons at school with medical conditions” regarding both the development and monitoring of IHCPs and when an IPRA may be required.

We will review IHCPs at least annually, or earlier if evidence is presented that the child’s needs have changed.

5.1 Being notified that a child has a medical condition.

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

Our 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 children who are new to our school.

When notification of a child with a medical condition is received, our school will:

- Gather all the required information by providing parents/carers with the appropriate form and having follow-up conversations where necessary.
- Where possible, make appropriate arrangements for staff to administer any medication or medical procedures and to receive whatever training is necessary.
- Where required, instigate an IHCP.

6. School trips, off site activities and sporting activities.

We will follow the detailed guidance in PG505 - Supporting Children/young persons with Medical Conditions in School/DfE document “Supporting children/young persons at school with medical conditions” regarding school trips, off site activities and sporting activities and ensure that any medical conditions are included in the specific risk assessments for those activities.

7. Unacceptable practice

Our school staff will use their discretion and judge each case individually with reference to the child’s IHCP, but it is generally not acceptable to:

- Prevent children from easily accessing their inhalers, medication or 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.
- 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 IHCPs.

- 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 children from drinking, eating or taking toilet or other breaks whenever they need to in order 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.
- Prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips.
- Administer, or ask children to administer, medicine in school toilets.

8. Complaints.

If our parents/carers or children have any issues with the support provided they should initially contact Ruth Howlett (SENCo) to discuss their concerns. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure which is published on our schools' website.

9. Review.

This policy will be reviewed and approved by our governing body at least annually.