Achieving Success Together

Supporting Pupils at School with Medical Conditions Policy

Formally adopted by the Governing Board of:	**Browick Road Primary and Nursery School**
On:	**19th May 2026**
Headteacher:	**Helen Laflin**
Chair of Governors:	**Jeremy Wiggin**
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1. Purpose

1.1 The purpose of this policy is to ensure that:

- pupils, staff and parents/carers understand how Browick Road Primary and Nursery 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.

1.2 The Governing Board will implement the policy by:

- making sure sufficient staff are suitably trained;
- making staff aware of a 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).

1.3 This policy meets the school's statutory requirements under section 100 of the Children and Families Act 2014, which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.

1.4 This policy pays due regard to the Department for Education's statutory guidance Supporting pupils at school with medical conditions.

2. Roles and responsibilities

2.1 The ***Governing Board*** must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

2.2 The ***Headteacher*** will ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of IHPs, will make sure that school staff are appropriately insured and are aware that they are insured to support

pupils in this way. The Headteacher will ensure that contact is made with Norfolk healthcare professionals (HCPs) in cases where further guidance to support the management of the pupil's health need is required. This may include signposting to other HCPs or organisations.

2.3 ***Parents/carers*** will provide the school with sufficient and up-to-date information about their child's medical needs. In some cases, they may be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's IHP and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation; for example, provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Where a child is identified as having complex health needs that may require additional staff funding or the management of more specialised equipment, the school will consult the Norfolk County Council's (NCC's) Guidance for Managing Children and Young People with Complex Medical Care Needs in Educational Settings.

2.4 ***Pupils*** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their IHP. Other pupils will often be sensitive to the needs of those with medical conditions.

2.5 Any member of ***school staff*** may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within IHPs).

2.6 ***Norfolk HCP Team:*** the school has access to school nurses and other health practitioners via the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk/. Schools can contact the service for advice and support when a young person has a health condition and needs additional support and advice. Where a health condition is impacting on school attendance, schools can also refer young people for a health assessment to help explore the impact of their health needs. Where a child is already open to more specialist/community nursing or medical services, the HCP team may recommend liaison with the specialist service in the first instance. School/community/specialist nursing services may be able to provide advice on developing IHPs and support associated staff training needs. The Children & Young People's Health Services (Norfolk HCP) website also offers a range of online information

and resources for children, young people, families and professionals: www.justonenorfolk.nhs.uk/our-services/.

2.7 ***Other healthcare professionals***, including GPs, paediatricians and mental health professionals, may communicate with schools when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing IHPs. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3. Staff training and support

3.1 Any member of school staff providing support to a pupil with medical needs should have received suitable training. For example, when supporting a pupil with diabetes, relevant staff should receive training from the School Nursing Team and updated, child-specific training from the child's parents/carers. Staff should also update their knowledge by completing an online training course and training is repeated as the child moves into the next year group. This training should be monitored through observations and successful care for the child. The staff should work closely with the family to ensure the best possible care is given.

3.2 This should include references to staff training on:

- the development or review of IHPs;
- an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures;
- whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy;
- 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, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs;
- training for specific conditions may be available via external websites. For example, www.asthma.org.uk, www.anaphylaxis.org.uk and www.epilepsy.org.uk. To discuss sources for training for specific health conditions, the school will contact the Just One Number (0300 300 0123);
- awareness of other relevant NCC policies, including those for pupils with complex medical care needs/intimate care needs.

4. Managing medicine on school premises

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

4.2 No child under 16 will be given prescription or non-prescription medicines without their parents'/carers' consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort will be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.

4.3 The school has clear arrangements in which non-prescription medicines may be administered.

4.4 Children under 16 will never be given medicine containing aspirin unless prescribed by a doctor.

4.5 Medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents/carers.

4.6 Where clinically possible, the school will seek to ensure that parents'/carers' request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours.

4.7 Schools will only accept prescribed medicines if these 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.

4.8 All medicines should be stored safely. Children will 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 always be readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

4.9 When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

4.10 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. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely. 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.

4.11 School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the

prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

4.12 Wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines.

4.13 Office staff will make arrangements, currently with Initial Medical, for the safe removal of the sharps bin if this is used in school.

4.14 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 may have it in their possession if they are competent to do so or in the possession of their caring adult, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure LOCKED cupboard in the medical room and only adults will 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.

5. Record keeping

5.1 Governing bodies will ensure that written records are kept of all medicines administered to children, including medication refusals or errors.

6. Pregnant pupils and school-age parents

6.1 Norfolk County Council's Medical Needs Service has developed guidance to help schools support pregnant pupils and school-age parents. The policy provides links to national guidance and services within Norfolk that can offer support. It highlights the responsibilities of schools, and actions that schools can take to keep the pregnant pupil safe and, ideally, remaining in education. The Pregnant Pupils Policy for Schools can be accessed via the Medical Needs Service webpage. There is also a template School Care Plan for schools to use to document and review information and support agreed.

7. Individual healthcare plans

7.1 The Headteacher has overall responsibility for ensuring that pupils with medical conditions have IHPs which are usually provided by a healthcare professional. At Browick Road Primary and Nursery School, this has been delegated to the Special Educational Needs and Disabilities Coordinator (SENDCo).

7.2 Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Special consideration needs to be given to reviewing the plan when a young person is transitioning to a different setting or reintegrating back into school after a period of absence.

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

- what needs to be done
- when
- by whom.

7.4 Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers 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.

7.5 Plans will be drawn up in partnership with the school and parents/carers with advice from a relevant healthcare professional, such as a member of the HCP team, a specialist nurse, allied health professional or paediatrician who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. If healthcare professionals cannot offer advice in person, they may provide written guidance or information.

7.6 IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEND), but does not have a statement or EHC plan, the SEND will be mentioned in the IHP.

7.7 The level of detail in the IHP plan will depend on the complexity of the child's condition and how much support is needed. The medical professional will work with the school, parents/carers and child, where appropriate, when developing an IHP and 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. If a pupil 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 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.
- Who outside the school needs to be aware of the pupil's condition and the support required (with appropriate consent from the young person and family); for example, school transport provided by the local authority.
- Arrangements for written permission from parents/carers 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 pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition will be contacted.
- What to do in an emergency (including medication administration errors), including who to contact and contingency arrangements.

7.8 IHPs will be taken on school trips (including residentials) and the person responsible for organising the trip will ensure that the correctly trained staff are in attendance.

8. Emergency procedures

8.1 As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK if this is not stated in the child's IHP. Where a child has an IHP, 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 should stay with the child until a parent/carer arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems. It is important to ensure emergency treatments (for example, asthma inhalers/adrenaline auto injectors) are always available – this may include consideration of when pupils are off-site but also accessing multiple areas across a large school site for different parts of their curriculum.

8.2 Example templates for managing medication, IHPs and contacting emergency services are included in Supporting Pupils at School with Medical Conditions.

9. Equal opportunities

9.1 The Governing Board will ensure that the school enables pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

9.2 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.

9.3 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/carers and any relevant healthcare professionals will be consulted.

9.4 The school acknowledges the Equalities Act 2010 and schools and works proactively to support all its pupils.

10. Unacceptable practice

10.1 Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's IHP, 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/carers, or 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 child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to 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, e.g. by requiring parents/carers to accompany the child.

11. Attendance

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or as a result of an increase in symptoms or deterioration of their overall health condition. Parents/carers have a responsibility to advise the school of any planned appointments or predicted absence due to surgery/therapeutic intervention. The school has a responsibility to code this absence appropriately. If the school does not have sufficient information regarding a young persons' health condition, and it is impacting on school attendance, they may contact the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk to request a school nurse attendance health check. If this process does not identify sufficient information, the school can also contact GPs with parental consent, utilising the NCC Joint Protocol between Health Services and Schools. If absence due to a medical condition is noted to be for more than 15 days, the school should consult the NCC Medical Needs Service for advice and support.

12. Nursery

12.1 Medication

- Parents/carers must sign administration of medicine forms with a member of staff.
- Any medication administered at Nursery is recorded on school forms.
- Inhalers and other long-term crucial medication, e.g. EpiPens and insulin, can be left at Nursery. Other medication is returned at the end of the session.

12.2 Medical conditions

- All Nursery staff will be made aware of children's specific medical conditions, receiving training where necessary on supporting these. The information is stored confidentially.
- Individual risk assessments will be completed for children with medical conditions, e.g. diabetes, allergies, asthma.

13. Liability and indemnity

13.1 The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

14. Complaints

14.1 The Governing Board will ensure there is a Complaints Policy in place.