

St Alban's C.E Primary School



Supporting pupils in school with medical conditions

September 2025

Staff consulted: September 2025

Review date: September 2026

Faith

Hope

Love

Our school vision



Our vision is that all our pupils should grow in:

Faith in God, or be inspired by faith, and in their own ability to fulfil their potential,

Hope to be the best of examples, to work to change themselves and the world for the better, and

Love, reflecting God's love in unselfish love for others.

Our vision is based on the God given virtues of:

FAITH, HOPE AND LOVE

1 Corinthians 13:13

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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

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, 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 the Headteacher and the Full Governing Board

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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

3. Roles and responsibilities

3.1 The governing board

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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
- Ensure that all staff who need to know are aware of a child's condition
- 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 school nursing service in the case of any pupil 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

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 and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

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 School nurses and other healthcare professionals

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Our school nursing service will notify 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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

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.

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.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions along with the SENDCO.

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 no 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, any education, health and care (EHC) plan. If a pupil 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 governing board, the Headteacher and the SENDCO 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
- 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 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

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

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

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. Pupils 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 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 may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other 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 managing their own medicines and procedures. 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 wherever possible. Staff will not force a pupil 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 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
- Administer, or ask pupils to administer, medicine in school toilets

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 Headteacher. 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, 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.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. 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.

The details of the school's insurance policy can be found by contacting the School Business Manager at sbm@stalbens.camden.sch.uk

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

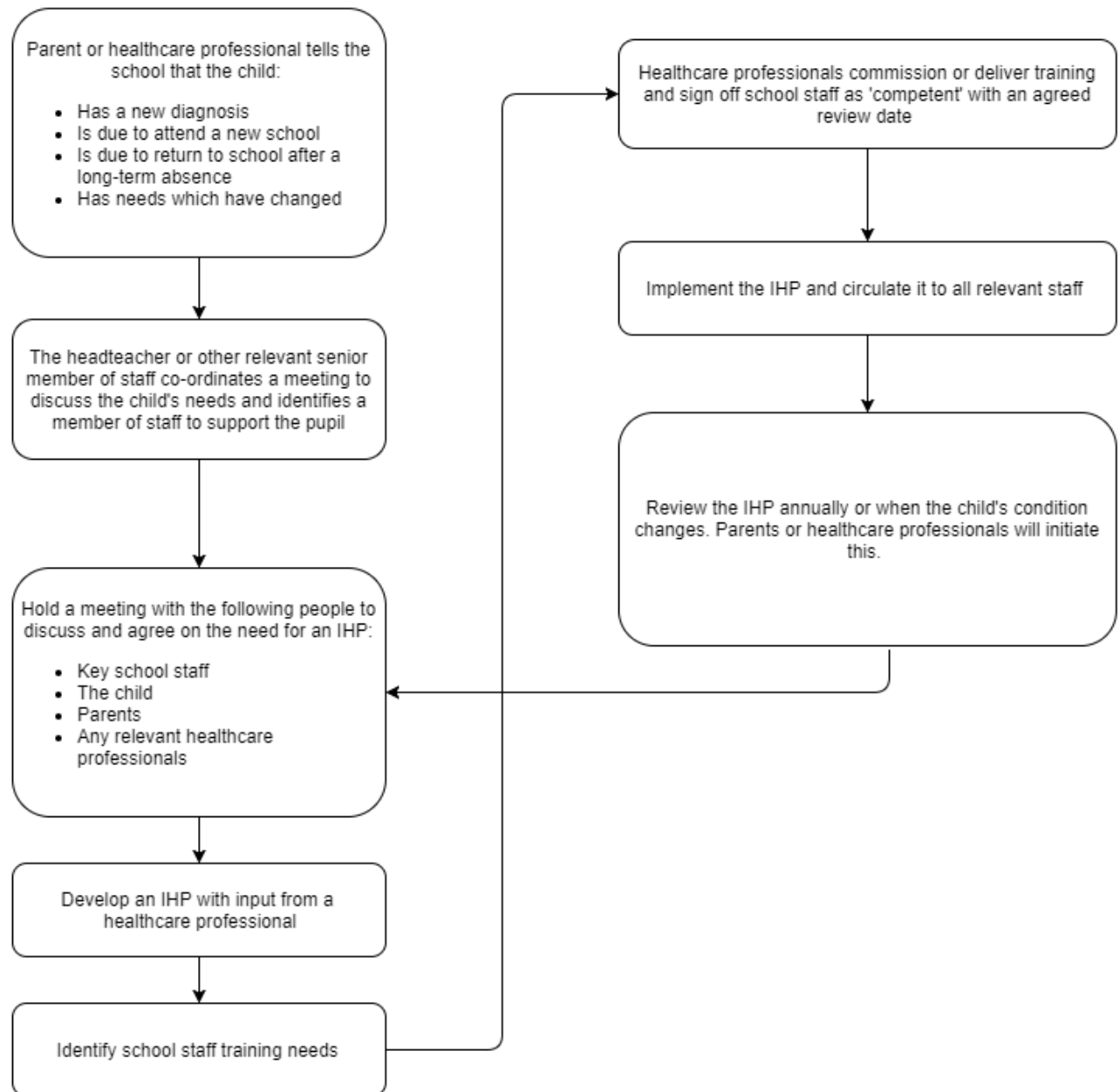
This policy will be reviewed and approved by the governing board every annually.

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

Appendix 1: Being notified a child has a medical condition



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Asthma Appendix 2:

Pupils with asthma are welcome in this school. They are encouraged to take part in ALL activities.

Aims

- All staff, teaching and support staff are aware of the condition and know what to do in the event of an asthma attack;
- Annual training is provided by the school nurse for all staff;
- All children with asthma have easy, and immediate access to their reliever inhaler treatment;
- All children have an awareness of asthma so that they can support their friends;
- Records are kept of the children with asthma and regularly updated;
- There is good communication between home, school and the nursing team.

At School

On entry into the Nursery and/or full-time schooling all parents are asked if their child is ever wheezy, or has been identified as suffering with asthma.

Parents are asked to complete a medical information form. This form outlines the condition and if, or when, medication needs to be taken. Copies of blank forms and the school asthma policy are included in the welcome pack.

The forms are kept by our School Asthma Champion in the welfare room.

Parents of children with asthma are asked to keep the school informed of any changes in condition, or other illnesses/allergies likely to affect their asthma.

Discussions are held between the welfare team and class teacher when necessary to update the teacher of any change in the child's condition or regime of medication. It is the welfare team's responsibility to ensure this occurs.

All children will be treated in accordance with the NWL School Emergency Asthma plan. We encourage parents to share with us their child's Asthma Action plan (provided by their Health care practitioner at their annual asthma review).

Administering Inhalers

Children **MUST HAVE** one blue salbutamol inhaler (reliever inhaler) and one plastic spacer prescribed by their GP in school. This must be in its original box with its prescription label detailing the child's name. It is the parent's responsibility to supply this blue inhaler and spacer to the school. This is kept in the class Asthma Box. All inhalers will be easily and immediately accessible and never locked away.

All classrooms are equipped with a class Asthma Box. This will contain each child's individual labelled medication and spacer.

The welfare team **must** be informed when a child has received their asthma medication either by email, a note sent to the welfare room or in person by the adult who has administered it. The same member of staff will fill out a report slip to inform the parents their child has been given their inhaler. The welfare team will monitor inhaler use and liaise with the parents and School Nurse if any children are needing to use their inhaler on a regular basis (weekly or more frequently)

Preventative inhalers - These now come in a range of colours including: orange, maroon, purple and beige and are **NOT** needed in school. They should be administered at home before and after school. Any preventative medication will be sent home if brought into school.

Access to Inhalers

Children with asthma will have access to their inhaler whenever needed with supervision and support from an adult.

The class Asthma Box should be taken out with the class whenever they leave the room: during all games lessons, lessons held in different rooms, fire drills and emergency evacuations.

It is essential that the teacher ensures their classes asthma medication is taken with the class on all school trips, swimming etc. A responsible child can be nominated to carry the box when going swimming. On any other class or year group trips out of school a named adult is responsible for carrying the inhalers and spacers. The welfare team will prepare the medication bags for school trips.

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Emergency Asthma Kits

The school has emergency asthma kits which are held in the welfare room, corridors, and halls in both old and new buildings. The emergency inhaler/spacer should only be used in an emergency if the child's own inhaler / spacer is not available (expired / empty / lost). The spacer is to be washed in warm soapy water and left to air dry and the inhaler should be wiped clean with an anti bacterial wipe after use.

The inhaler in the Emergency kit can only be used by children whose parents have consented to the usage.

Each pack will contain:

- 2 blue Salbutamol inhalers;
- 2 plastic spacers;
- an emergency asthma plan poster;
- register of consented asthmatic children and an asthma log.

It is the Welfare Team's job to ensure the class and emergency boxes are regularly checked and contain all the agreed equipment. Class staff to let welfare know if asthma forms run out.

P.E and Clubs

The Welfare Team ensures that class teachers and P.E teachers are aware of children with asthma. Staff should inform the welfare if any children need their inhalers during exercise.

P.E teachers need to take the class asthma box with them to the P.E lesson, and ensure this box is returned to the class. P.E teachers need to make sure they take any asthma medication for children with asthma, to any after school sporting events.

Adults who run sports clubs will be made aware of children with asthma through their register. These children will be highlighted on the register.

Asthma Attack

In the case of an asthma attack the teacher should follow the instructions on the asthma attack poster situated in all classrooms and keep the child calm. **PLEASE TREAT CHILD WHERE THEY ARE AND SEND FOR HELP IMMEDIATELY.**

Asthma Friendly School Status

Our school is currently an Asthma Friendly school. This status is reviewed annually by the School Nursing Team and the following criteria must be met each year for it to be awarded:

- ✓ Named Asthma Champion
- ✓ Named Asthma Lead
- ✓ Register of all children with Asthma
- ✓ Management plan for children with asthma (Asthma Action plan)
- ✓ Asthma Champion links with Community Asthma services & attends Annual workshop
- ✓ Clear Asthma policy
- ✓ Accessible inhalers
- ✓ Annual school staff training (minimum 85% attendance required)
- ✓ Display of emergency plan posters
- ✓ Emergency inhaler kits
- ✓ Annual asthma audit

Whole School Training

In order to support the management of children's asthma within our school, whole school staff training is to be updated annually to ensure that **ALL** staff are aware of the procedures to follow in the event of a child having a possible asthma attack.

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Legal Position

Staff are legally covered by the LEA to administer asthma treatment if they are happy to do so. It is **illegal** to use with one child the inhaler of another, even in an emergency.

Our asthma policy incorporates national guidelines recommended on the management of asthma care in school. The policy is in place to maintain the safety of all children with asthma at our school and to support our school staff team in doing so.