



Grayshott CE Primary School

Supporting Pupils with Medical Conditions

Statutory Policy

**Approved by FGB:
February 2026**

**To be reviewed by FGB:
Spring 2029 (3 yearly)**

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Supporting Pupils with Medical Conditions Policy

Rationale

The governing body:

All children and staff are made in the image of God and it is our duty as governors to ensure that all pupils at school with medical conditions are properly supported so that they can flourish and have full access to education, including school trips and physical education.

Ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly and effectively catered for.

Must comply with the Equality Act 2010 with regard to medical conditions that may be considered to be disabled under the definition of this Act. For Children with SEN, this policy and guidance should be read in conjunction with the *Special Education Needs and Disability (SEND) Code of Practice*

Aims

In line with the duty, which came into force on 1st September 2014 (updated 2017), to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Grayshott Primary School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases; therefore, we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

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

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils

Individual healthcare plans/My Asthma Plan/Allergy Action Plan

Our school will send home a health questionnaire. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to request an Allergy Action Plan from their Healthcare provider, Asthma Plan or an Individual Healthcare Plan (IHP) depending of the child's needs. It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least annually by SENCO/SLT, or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Our IHP (see appendix 1) requires information about:

- 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, emotional support;
- the level of support needed (NB If a child is self-managing their medication, this should 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 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 for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- 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;
- what to do in an emergency, including who 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.

Our My Asthma Plan (see appendix 2) requires information about:

- the daily asthma medicines to be taken (when, dose and information about each inhaler)
- the signs that asthma is getting worse
- what to do in the event of an asthma attack including whom to contact, and contingency arrangements.
- my asthma triggers
- information and details of asthma nurse

Allergy Action Plan (see appendix 3) requires information about:

- child's details including photograph/weight and emergency contact detail
- instructions of how to give an EpiPen and parental consent
- mild – moderate allergic reaction and actions
- signs of Anaphylaxis and what to do in the event of an anaphylaxis including whom to contact, and contingency arrangements.

ALLERGY ACTION PLANS SHOULD BE FILLED OUT AND SIGNED BY HEALTHCARE PROFESSIONALS ONLY.

Roles and responsibilities

The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for:

- making 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.
- ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. Ensuring that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher/SENDCo are responsible for:

- ensuring that their 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.
- ensuring that all staff who need to know are aware of the child's condition.
- ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- the SENDCo has overall responsibility for the development of individual healthcare plans and will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- contacting the school nursing service in the case of any child 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.

Teachers and Support Staff

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 training and support

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training. Training needs are assessed regularly and training will be accessed through HTLC.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans/ allergy action plan or asthma plan).

The child's role in managing their own medical needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

In KS2 asthma inhalers are kept in the child's classroom and pupils are responsible for taking their inhaler under the supervision of class teacher or learning support assistant.

Managing medicines on school premises

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child will be given prescription or non-prescription medicines without their parent's written consent

- we will never give medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.
- Parents will be informed
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- we will only accept prescribed medicines if they are:
 - **are in-date**
 - **are labelled**
 - **are provided in the original container as dispensed by a pharmacist**
 - **include instructions for administration, dosage and storage.** *(NB 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 and securely.
- Children will know where their medicines are at all times and will be able to access them immediately, where this is appropriate. 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 will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
- school staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- **We will 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 will be noted in school**

Non-prescribed medicines

At our school, we will not administer non-prescription medicines. If it is felt by a parent to be essential that their child have pain relief medication, they may arrange to come into school to do so themselves.

Record keeping

We will ensure that written records are kept of all medicines administered to children and that procedures have been followed. Parents will be informed if their child has been unwell at school.

Emergency procedures

The Governing body will ensure that the school's policy sets out what should happen in an emergency situation. Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrive, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Day trips, residential visits and sporting activities

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Liability and indemnity

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

In the case of any new healthcare plans or new starters at the school who have medical conditions, advice will be sought from Local Authority on extent of cover and/or if additional cover is required.

Complaints

If you have a complaint about how your child's medical condition is being supported in school please follow the procedure set out in the school complaints policy.

Emergency Asthma Inhalers

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

Monitoring and Evaluation

This policy will be monitored every three years and updated when necessary, we will ensure new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

Appendix 1 - Individual healthcare plans

Individual healthcare plan

Name of school/setting	
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

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

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name: _____

1. My daily asthma medicines

- My preventer inhaler is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

- My reliever inhaler is called _____ and its colour is _____. I take _____ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

2. When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

I also take _____ puff/s of my reliever inhaler (usually blue) every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

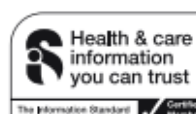
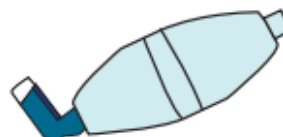
Does doing sport make it hard to breathe?



If YES
I take:

_____ puff/s of my reliever inhaler (usually blue) beforehand.

Remember to use my inhaler with a spacer (if I have one)





My Asthma Plan

3. When I have an asthma attack

I'm having an asthma attack if:

- My reliever inhaler (usually blue) isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than _____

My asthma triggers (things that make my asthma worse)

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.
Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

I need to see my asthma nurse every six months

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another _____ puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).



You and your parents can get your questions answered:

Call Asthma UK's friendly Helpline

Monday to Friday 9am to 5pm

0300 222 5800

Get information at

www.asthma.org.uk

Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

Appendix 3 – Allergy Action Plan

<https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

The Paediatric Allergy Group (PAG) has updated its Allergy Action Plans for children at risk of anaphylaxis. These plans have been designed to facilitate first aid treatment of anaphylaxis, to be delivered by people without any special medical training nor equipment apart from access to an adrenaline autoinjector (AAI).

The updated plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction. This includes consent to administer a “spare” back-up adrenaline auto-injector pen which schools are able to purchase under changes to the Human Medicines (Amendment) Regulations 2017, with effect from 1 October 2017.

Click here to access the Department of Health guidance on the use of AAIs in schools www.sparepensinschools.uk.

The action plans have been developed following an extensive consultation period with health professionals, support organisations, parents of food-allergic children and teachers.

The plans are medical documents and should be completed by a child’s health professional (and not by parents or teachers, for example). At Grayshott CE Primary School, we will work with parents to ascertain if there is an existing plan and request one where necessary.