DANES EDUCATIONAL TRUST

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY (includes pupils with health needs who cannot attend school)
THE BEACONSFIELD SCHOOL

RESPONSIBILITIES		
To determine and approve policy and ensure compliance		Trust Board
To implement, deliver and comply		Headteacher
APPROVAL DATE	July 2026	
COMMITTEE	Education committee	
DURATION	Annual	
REVIEW DATE	Autumn 2027	
TRUST / SCHOOL LEAD	Director of Education / Headteacher	
As part of the review process, this policy/procedure has been subject to an Equality Impact Assessment.		

Contents

1. AIMS 3
2. SCHOOL CONTACT INFORMATION 3
3. LEGISLATION AND STATUTORY RESPONSIBILITIES 4
4. ROLES AND RESPONSIBILITIES 4
5. RESPONSIBILITIES FOR PUPILS WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL 5
6. EQUAL OPPORTUNITIES 6
7. BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION 6
8. ALLERGIES 6
9. INDIVIDUAL HEALTHCARE PLANS (IHPS) 6
10. MANAGING MEDICINES 7
11. EMERGENCY PROCEDURES 9
12. TRAINING 9
13. RECORD KEEPING 10
14. LIABILITY AND INDEMNITY 10
15. COMPLAINTS 10
16. MONITORING ARRANGEMENTS 10
17. LINKS TO OTHER POLICIES 10
Appendix 1: Being notified a child has a medical condition 11
Appendix 2: Individual Healthcare Plan 12
Appendix 3: Parental Agreement to Administer Prescribed/Non-Prescribed Medication (MED1) 14
Appendix 4: Record of Medication Administered in School / Off Site Visits 16

1. AIMS

This policy aims to ensure that:

- Pupils, staff and parents/carers 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
- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when the pupil's education is being provided by the local authority

The headteacher 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)

2. SCHOOL CONTACT INFORMATION

Person with responsibility for implementing this policy	Mr K Khushi Senior Assistant Headteacher kkhushi@beaconsfield.school
Person with responsibility for the development of Individual Health Care Plans and Training	Miss S Scott Health and Welfare Officer sscott@beaconsfield.school
Local Authority for the School	Buckinghamshire
Local Authority online information	
Linked School Nurse	Miss S Scott Health and Welfare Officer sscott@beaconsfield.school

3. 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, in the case of Danes Educational Trust this duty is undertaken by the trust board) to make arrangements for supporting pupils at their schools with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

It is also based on guidance provided by our local authority for supporting children with health needs who cannot attend school.

This policy also complies with our funding agreement and articles of association.

4. ROLES AND RESPONSIBILITIES

The Trust Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The headteacher is responsible for the monitoring and implementation of this policy.

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 pupil'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

Staff responsibilities

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. 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.

Parents/carers 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

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.

School nurses and other healthcare professionals

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.

Our school nurse team can support children and families with information and advice how they can support in school.

5. RESPONSIBILITIES FOR PUPILS WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL

If the school is making arrangements:

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

- The headteacher will be responsible for coordinating the provision of work for children with health needs who cannot attend school
- Where possible, work will be provided electronically. If not possible, then paper copies of the work will be made available and sent home
- Once a child is able to return to school, the child and their parent will meet with a member of the school leadership team, prior to their first day of return, to agree on a personalised reintegration package

If the local authority makes arrangements:

If the school cannot make suitable arrangements, the local authority will become responsible for arranging suitable education for the child. In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully

- When reintegration is anticipated, work with the local authority to:
    - Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
    - Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or online links to lessons from their school)
    - Create individually tailored reintegration plans for each child returning to school
    - Consider whether any reasonable adjustments need to be made

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

7. 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, this will include pupils with an identified allergy.

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.

8. ALLERGIES

Allergy is the response of the body's immune system to normally harmless substances, such as foods, pollen and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse.

Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI)

Arrangements are in place for whole-school awareness training on allergies. Pupils with known allergies are considered as pupils with a medical condition and should complete an IHP. All pupils that require an AAI are required to provide 2 AAIs. One will be stored in the medical room the other will remain on the pupil.

Staff should be given an update on epi pen training annually.

9. INDIVIDUAL HEALTHCARE PLANS (IHPS)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the person in section 2 of this policy. The school will use the IHP template (Appendix 2) or one provided by a healthcare professional as long as it covers the required information below.

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/carers 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.

Where possible plans will be drawn up in partnership with the school, parents/carers 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 special educational needs (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 role of the individual with responsibility for developing IHPs, 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/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
- What to do in an emergency, including who to contact and contingency arrangements

10. 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/carers' written consent

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

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/carers 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/carers to arrange for safe disposal when no longer required.

Parents need to complete a MED1 form for any medication to be administered within school. This can be found in Appendix 3: Parental Agreement to Administer Prescribed Medication (MED1).

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 will not have it in their possession. Controlled drugs are kept in a secure cupboard in the medical room 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.

Pupils managing their own needs:

Pupils are not allowed to carry medication around school under any circumstances with the exception of pupils that carry AAIs or inhalers or have items identified within their Individual Healthcare Plan.

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/carers so that an alternative option can be considered, if necessary.

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/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 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/carers, 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/carer 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/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

11. 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/carer arrives or accompany the pupil to hospital by ambulance.

12. 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 the school. 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
- Have awareness of how to deal with allergies

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.

13. RECORD KEEPING

School leaders will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

Electronic records will also be kept on our management information system.

14. LIABILITY AND INDEMNITY

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We are a member of the Department for Education's risk protection arrangement (RPA), this is a mechanism through which the cost of risks that materialise from 1 September 2014 will be covered by government funds.

15. COMPLAINTS

Parents with a complaint about the school's actions in regard to their child's medical condition should follow the Trust complaints procedure.

16. MONITORING ARRANGEMENTS

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

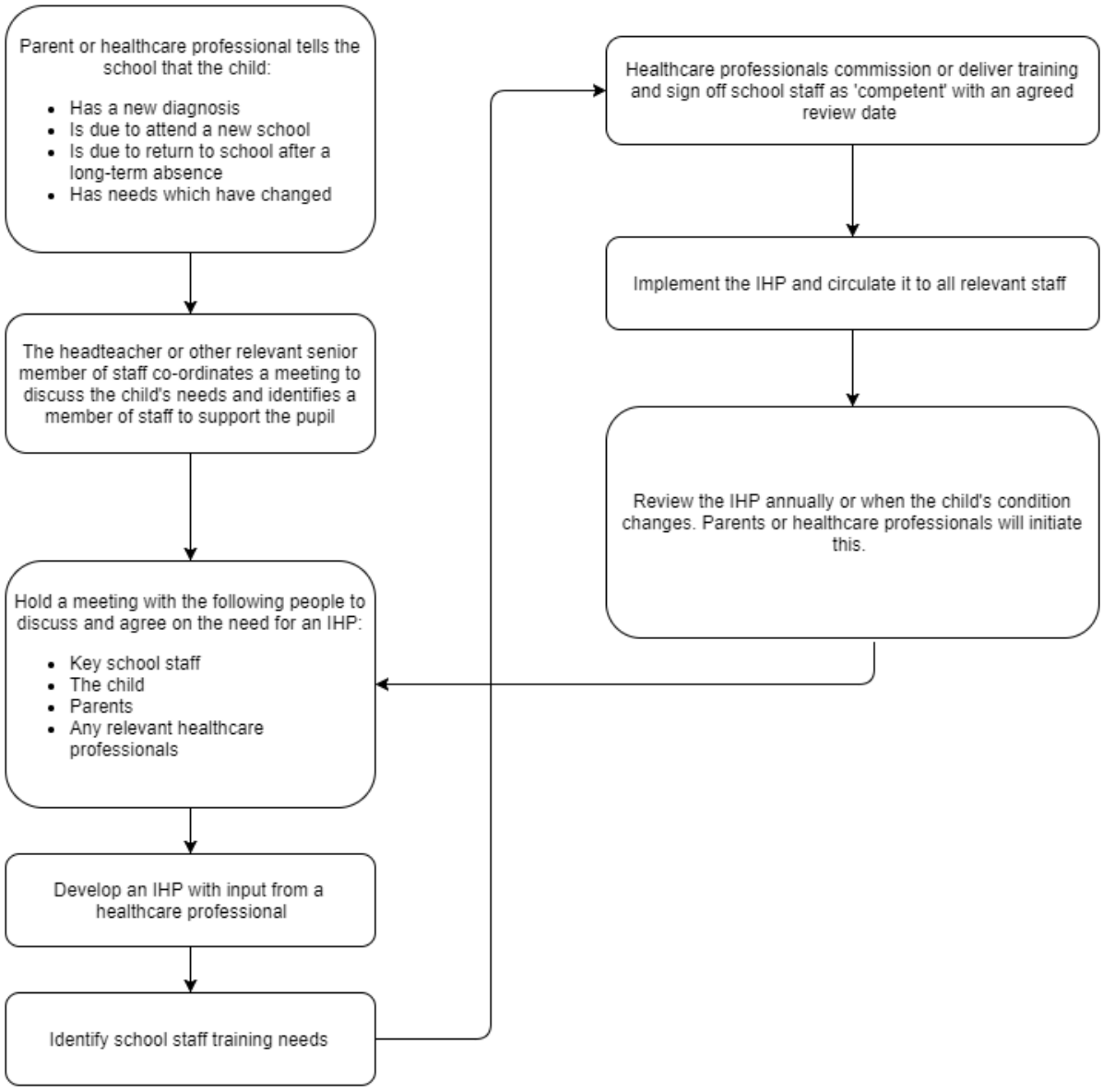
17. LINKS TO OTHER POLICIES

This policy links to the following policies:

- Accessibility plan
- Complaints

- Equality information and objectives
- First aid
- Health and safety
- Child Protection & Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Individual Healthcare Plan

Name of school			Photo
Child's name			
Class	Year:		
	Reg:		
Date of birth			
Child's address			
Medical diagnosis or condition	Condition	Summary	Notes
Date			
Review date			

Family Contact Information	Contact 1	Contact 2
Name		
Relationship to child		
Phone no. (work)		
(home)		
(mobile)		

Clinic/Hospital Contact	G.P.
Name	Name
Phone no.	Phone no.

Who is responsible for providing support in school	

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

Appendix 3: Parental Agreement to Administer Prescribed/Non-Prescribed Medication (MED1)

In accordance with current Health and Safety requirements the school can administer, under supervision, prescribed and non-prescribed medication. Over the counter painkillers can be given to pupils with written parental consent (with the exception of any medication containing aspirin). Pupils are not allowed to carry medication around school under any circumstances with the exception of pupils that carry AAIs or inhalers or have items identified within their Individual Healthcare Plan.

A MED1 form should be completed giving full instructions for administration for prescription medication. A separate MED1 form needs to be completed for each different prescribed medication. MED1 forms are available from the school.

The medication must be in the original container with the name of the child clearly marked along with dispensing instructions. The responsibility for delivery and collection of medication required each day rests with the family and pupils are responsible for ensuring they attend at their designated times. When medication is requested, the school will record the time and date it is administered.

Medication for school trips

- Medication is allowed on school trips, for which a MED1 Form will need to be completed. (For exceptions see below).
- Pupils with asthma declared on their student medical record must bring a 'first resort' inhaler on all trips. If the student forgets their inhaler they will not be allowed to go on the school trip (A separate MED1 form does not need to be completed for asthmatics.)
- Pupils that have AAIs declared on their student record must bring in their 'first resort' AAI on all trips. The Medical Administrator will give the 2nd AAI, which is kept in school, to the trip leader.
- If the pupil forgets their AAI they will not be allowed to go on the school trip. (A MED1 form does not need to be completed unless the school does not already have one).
- For travel sickness only, parents can provide one dose of non-prescription travel sickness medication for the return trip. This is to be placed in a sealed envelope with full details of the medication and time to be taken by the student and given to the trip leader before departure. A MED1 form does need to be completed.

Please note that, with the exception of spare AAIs and inhalers, if your child already has medication in school this will not go on the trip unless requested by you. Please contact the school or the trip leader for further information.

When a pupil finishes the course of medication held in the medical room, they will be informed.
If any medicine held at the school is out of date, it will be disposed of by the school.

Please contact the school if you require any help or advice.

Parental Agreement to Administer Prescribed/Non-Prescribed Medication (MED1)

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

DETAILS OF CHILD	
Name of school	
Name of child	
Date of birth	
Class (include Year & Reg Group)	
Medical condition or illness	
MEDICATION	
Name/type of medicine *(as described on the container)*	
Please delete as applicable	**PRESCRIBED / NON-PRESCRIBED**
Expiry date	
Full directions for use	
Dosage and method	
Timing	
Special precautions/other instructions	
Any side effects the school 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 staff administering medicine in accordance with the school procedures. I will inform the school

immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date

Appendix 4: Record of Medication Administered in School / Off Site Visits

Child Name				**Class / Form**			
Name of Medication				**Medical Condition**			
Date Medicine Provided		**Quantity Received**		**Dose and Frequency**		**Expiry Date**	

Date	Time	Dose Given	Any Reaction	Signature of Staff	Print Name

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