

Crown Meadow First School and Nursery



Supporting Children with Medical Needs Policy

January 2026

This policy is reviewed at least annually by the governing body and SLT and was

Last reviewed on Date: January 2026

Next Review Date: January 2027

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Signature (*Chair of Governors*)

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Signature: (*Headteacher*)

Introduction

The aim of this policy is to ensure that all pupils with medical conditions, both physical and mental, receive appropriate support. This enables them to:

- Play a full and active role in school life
- Remain healthy
- Have full access to education, including school trips and physical education
- Achieve their academic potential

For information on how we manage absences due to medical conditions, please see *the children with medical conditions who are unable to attend school policy*.

Our Commitment

Crown Meadow First School is committed to ensuring that parents/carers of pupils with medical conditions feel confident in the school's support for their child. We aim to create a safe environment where pupils feel supported and included.

Medical conditions can have social and emotional implications, such as self-consciousness, anxiety, depression, and the risk of bullying. This policy seeks to minimize these risks.

Some pupils with medical conditions may be classified as disabled under the Equality Act 2010. The school complies with this Act and, where applicable, with the Special Educational Needs and Disability Code of Practice: 0 to 25 years. Pupils with an Education, Health, and Care (EHC) Plan will receive the necessary support in compliance with legal duties.

To effectively support pupils with medical conditions, we consult with health and social care professionals, pupils, and their parents/carers. We adopt the Worcestershire County Council guidance for supporting children with medical needs. Please see this policy for further detail on the county approach.

Aims

This policy ensures that:

- Pupils, staff, and parents/carers understand how our school supports pupils with medical conditions.
- Pupils with medical conditions are properly supported to access the same education as their peers, including school trips and sporting activities.
- The named person responsible for implementing this policy is Rachel Reed, SENDCO and Medical Lead, under delegation from the Headteacher.

Legislation and Statutory Responsibilities

This policy aligns with Section 100 of the Children and Families Act 2014, which mandates that governing boards make arrangements to support pupils with medical conditions. It is based on the Department for Education (DfE) statutory guidance on supporting pupils with medical conditions at school.

It also adheres to the following legislation and statutory guidance:

- DfE (2015) 'Special Educational Needs and Disability Code of Practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2024) 'Supporting Pupils with Medical Conditions at School'
- DfE (2000) 'Guidance on First Aid for Schools'
- Worcestershire County Council guidance 'Supporting Children with Medical Difficulties'
- Department of Health (2017) 'Guidance on the Use of Adrenaline Auto-Injectors in Schools'
- DfE (2022) 'First Aid in Schools, Early Years, and Further Education'

Roles and Responsibilities

Governing Board

The governing board holds ultimate responsibility for making arrangements to support pupils with medical conditions. It ensures that sufficient staff receive suitable training and are competent in supporting pupils with medical conditions.

Senior Leadership

The headteacher and SLT will:

- Ensure all staff are aware of this policy and their role in its implementation
- Ensure a sufficient number of trained staff are available, including for contingency and emergency situations
- Ensure that all staff who need to know are informed of a child's condition
- Oversee the development of Individual Healthcare Plans (IHPs)
- Confirm that school staff are insured to support pupils as needed
- Contact the school nursing service for pupils who require medical support but have not yet been identified
- Ensure information about pupils' medical needs is up to date

Staff

Staff may be asked to support pupils with medical conditions, including administering medication, but are not required to do so. They should:

- Consider the needs of pupils with medical conditions in lessons
- Receive sufficient training before taking responsibility for supporting pupils
- Know how to respond when a pupil with a medical condition needs help

Parents/Carers

Parents/carers will:

- Provide up-to-date information about their child's medical needs
- Participate in the development and review of their child's Individual Healthcare Plan
- Fulfill agreed responsibilities, such as supplying in date medication and ensuring availability for contact

Pupils

Pupils will:

- Be involved in discussions about their medical needs
- Contribute to the development and implementation of their Individual Healthcare Plan
- Be supportive of peers with medical conditions

School Nurses and Healthcare Professionals

The school nursing service will:

- Notify the school when a pupil requires medical support
- Assist staff with implementing a pupil's Individual Healthcare Plan

Other healthcare professionals (e.g., GPs, paediatricians) will:

- Liaise with school nurses
- Provide advice for developing Individual Healthcare Plans

Equal Opportunities

Crown Meadow 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.

We 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.

Notification of a Child's Medical Condition

When notified that a pupil has a medical condition, the following process will determine if an Individual Healthcare Plan (IHP) is required:

- The class teacher informs the Medical Lead.
- A meeting is arranged with parents/carers, healthcare professionals, and the pupil to discuss the necessity of an IHP.
- CMFS may not wait for a formal diagnosis before providing support to ensure consistency of care
- If a pupil starts in September, arrangements are made in advance.
- For mid-term admissions or new diagnoses, arrangements are in place within two weeks.

Training and Support

Staff who support pupils with medical conditions receive comprehensive training tailored to their specific needs, as identified during the development of Individual Healthcare Plans (IHPs). This training is designed to equip staff with the necessary skills and knowledge to provide effective care and support.

Training sessions are led by qualified healthcare professionals and must receive approval from the Headteacher to ensure they meet the required standards. The training aims to build staff competency,

confidence, and a thorough understanding of the medical conditions they may encounter, enabling them to respond appropriately in various situations.

Additionally, all new staff members undergo relevant training as part of their induction process, ensuring they are well-prepared to support pupils from the outset of their role.

Training may be provided by:

- Commercial training providers
- School nurse
- Paediatricians/healthcare professionals
- Parents/carers (for specific advice, but not as sole trainers)

Individual Healthcare Plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Becky Hanson, Medical Lead and SENDCO.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Parents are responsible for keeping school informed about changes to their medical needs.

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.

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 pupils SEN needs 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 and the headteacher / Medical Lead, 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. Recommendations should indicate what to do and what not to do as appropriate.
- 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
- Arrangements for IHP to be shared with STEPS, wrap around care provider for support during before/after 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

Managing Medicines

General Administration

- Medicines are administered only when necessary and with written parental consent, using consent to administer form and part of an individual healthcare plan.
- Prescription-only medicines are accepted if:
 - They are in-date, labelled, and in original packaging.
 - They include administration instructions.
 - Insulin is accepted in a pen/pump.
- Non-prescription medication can only be administered as part of the management of a medical need and is written into an individual healthcare plan, with written consent to administer and supply of medication.
- Medications are stored safely but remain easily accessible.
- Parents/carers must arrange safe disposal of unused medicines.
- **Controlled Drugs (see appendix 1 for further information)**
- All other controlled drugs are kept in a secure cupboard.
- Emergency access and record-keeping of doses are mandatory.

Pupils Managing Their Own Needs

- Competent pupils are encouraged to manage their medication under supervision.
- This is agreed with parents/carers and reflected in the IHP.
- Pupils are not forced to take medication but refusals are reported to parents/carers.

Asthma

The school's policy is designed in accordance with the Department for Education (DfE) guidance on the use of salbutamol inhalers in schools. This ensures that pupils with asthma receive appropriate care and support while at school.

Parents are required to complete an Individual Healthcare Plan form each academic year, providing up-to-date information about their child's condition. Parents must make it clear when a child has been formally diagnosed with asthma, as children can also be prescribed inhalers for viral wheeze or similar

conditions. Additionally, they must submit a copy of their child's asthma plan, which is developed with medical professionals at the time of diagnosis.

To ensure that inhalers are readily available when needed, parents must supply an inhaler for their child. These inhalers must be handed into the school office rather than given directly to children or staff members. Teaching staff and first aiders will maintain an up-to-date record of all students with asthma and the inhalers stored on-site.

Inhalers will be securely stored in each child's classroom, with clear dosage instructions recorded on a daily log sheet. When a child needs to use their inhaler, they will be supervised by a staff member to ensure proper administration. Each use will be logged, and parents will be informed at the end of the school day. It is essential to monitor inhaler usage carefully, ensuring that no child receives more than ten puffs in a single day.

To maintain the effectiveness of inhalers, school staff will conduct termly checks on expiry dates. However, it remains the responsibility of parents to ensure their child's inhaler is in date and replaced when necessary. At the end of each academic year, all inhalers will be returned to parents via the school office.

Unacceptable Practice

Staff should judge each case individually, but in general, the following are unacceptable:

- Preventing pupils from accessing their medication.
- Assuming identical treatment for all pupils with the same condition.
- Ignoring pupil/parent views or medical advice.
- Sending pupils home unnecessarily due to their condition.
- Penalising attendance records for health-related absences.
- Preventing necessary food, drink, or rest breaks.
- Requiring parents/carers to administer medication at school.
- Placing unnecessary barriers on participation in school life.
- Asking pupils to administer medication in toilets.

Emergency Procedures

In emergency situations, the school follows established procedures to ensure the safety and well-being of all pupils. Each child's Individual Healthcare Plan (IHP) outlines specific emergency triggers and the appropriate responses to manage their condition effectively.

Pupils are also educated on how to seek help in an emergency, empowering them to act quickly and responsibly if they or a peer experience difficulty. In cases where hospitalisation is required, a designated staff member will remain with the pupil, providing support and reassurance until their parents or carers arrive.

Record Keeping

The school maintains electronic records (Medical Tracker) of all medication administered to pupils, ensuring accurate documentation and accountability. These records help track dosage, timing, and any observations related to the child's condition, providing a clear history of medical support given during school hours.

Parents and carers are informed if their child has been unwell, allowing them to take any necessary

follow-up actions and remain aware of their child's health while at school.

Individual Healthcare Plans (IHPs) are readily accessible to relevant staff members, ensuring that those responsible for pupil care can quickly reference important medical information and respond appropriately when needed. Maintaining thorough records also serves as evidence that the school is adhering to established medical procedures and policies, demonstrating compliance with best practices for pupil health and safety.

Liability and Indemnity

The Governing Board is responsible for ensuring that the school has appropriate insurance coverage to support the administration of medical care. The school's insurance is provided through Worcestershire County Council and includes coverage for both the administration of medication and medical malpractice. However, this coverage is subject to specific conditions, including the requirement for staff to receive appropriate training, obtain parental consent, and follow written guidance when administering medication.

All staff members have access to the relevant insurance policies, allowing them to understand the scope of coverage and their responsibilities when supporting pupils with medical needs.

In the event of a negligence claim, liability falls on the school as an institution rather than individual staff members, ensuring that those providing care are protected while carrying out their duties in accordance with school policies and procedures.

Complaints

Concerns should be discussed with the Headteacher first. If unresolved, parents/carers will be directed to the school's complaints procedure.

Monitoring Arrangements

The Governing Board reviews this policy every 2 years.

Links to Other Policies

This policy links to:

- Accessibility Plan
- Complaints Policy
- Equality Information & Objectives
- First Aid Policy
- Health & Safety Policy
- Safeguarding Policy
- SEN Policy & Information Report
- Attendance Policy
- Children Who Cannot Attend Due to Medical Conditions Policy



Individual Health Care Plan for Pupil with Medical Needs

2025/2026

Medical condition or need:	
PUPIL DETAILS	
Name:	Name of school: Crown Meadow School and Nursery
Date of Birth:	Year: Class:
Address:	Teacher:
CONTACT INFORMATION	
<u>Contact 1</u>	<u>Contact 2</u>
Name:	Name:
Phone no: Work:	Phone no: Work:
Home:	Home:
Mobile:	Mobile:
Relationship:	Relationship:
<u>Clinic/Hospital Contact</u>	<u>GP</u>
Name:	Name:
Clinic/Hospital:	Surgery:
Phone no:	Phone no:
Child attends STEPS? <input type="checkbox"/> Before school <input type="checkbox"/> After school	
Consent for school to administer prescribed/non-prescribed medication form completed.	
<input type="checkbox"/> Yes(attached) <input type="checkbox"/> No (Need to complete) <input type="checkbox"/> No medication required	

Date:

Parental signature:

School authorisation:

Form copied to: Parent Yes/No

Signed: Date: Date for Annual Review:

Date added to Arbor: STEPS informed:..... BAM informed (food):

Date added to Medical Tracker

MEDICAL NEEDS

Medical condition and individual symptoms:

ROUTINE CARE PROCEDURES

Describe details of individual signs or symptoms:

Include if the child will be able to tell us they are unwell? Are there any known triggers?

Care requirements: (e.g. daily routines, before sports, at lunchtime, off-site visits)

Be specific about what/when things need to happen for the child.

Are there any social/emotional factors to be aware of?

Are there additional care requirements/considerations on an off-site visit?

Does this include Prescription Medication: y / n Self Administration: y / n

EMERGENCY PROCEDURES

Describe what constitutes an emergency for the pupil:

Action to take in an emergency: Parents will always be contacted in case of an emergency.

FOLLOW UP CARE

Communication required about medical needs: (e.g. routine care, updates, incidents)

Follow up care and plans for reintegration following absence: (e.g. risk assessments, future appointments, reviews,)

Appendix 2

Worcestershire County Council Guidance on the Administration of Medication (May 2022)

Medicines - Administration

If a Headteacher agrees to accept medicines for administration to pupils, they should ensure that the following procedures are complied with.

- Medicines should only be administered following a written request from parents or guardians which clearly states the name and class of the pupil, together with the dose and the time(s) of day at which it should be taken and any special conditions for the storage of the medicine (e.g. to be kept in a refrigerator).
- Medicines should be clearly marked with the name and class of the pupil, together with the dose and the time(s) of day at which it should be taken. Each time a tablet is given, it must be recorded and signed for by two people.
- In the case of Foundation, Key Stage 1 or Key Stage 2 pupils it is strongly recommended that medicines are only accepted by staff if they are brought by the parent or guardian, rather than sent with the pupil. Parents may need to be reminded of this.
- Medicines should be kept in a locked drawer or cupboard in a secure central position in the school (e.g. school office or medical inspection room) rather than by class teachers. (See note below on Ritalin.) An exception to this rule should be made, however, for medicines provided for emergency treatment such as reliever inhalers for asthmatic pupils, EpiPen's for anaphylaxis or glucose tablets for diabetics, which should be kept close to the pupil(s) concerned for immediate use.
- Medicines should only be accepted in relatively small quantities and note should be taken of any requirements for special storage conditions.

Analgesics

Pain killers (e.g. aspirin or paracetamol, including "junior" forms such as Calpol) must never be administered to pupils, even at the request of parents and you should not have a stock of these. They can mask symptoms in the event of injury, and it is possible to inadvertently administer too large a dose if a pupil had already taken some without the knowledge of the school (e.g. before leaving home).

The only exceptions to this are:

- Pupils for whom pain killers have been prescribed, especially those with long-term medical conditions.

If a Headteacher decides not to accept medicines for administration to pupils, they should ensure that parents are informed of their policy e.g. through the school's prospectus and/or by regular letters/newsletters to parents.

Controlled drugs, including Ritalin

Controlled drugs are strong medicines that may be especially harmful, or open to abuse and misuse. To reduce this risk, controlled drugs were legally classified. Placing additional controls on their supply, storage and prescribing and administration. Controlled drugs can easily be identified by the abbreviation on the packaging

POM (CD). POM = Prescription-only medicine CD = Controlled Drug

It is therefore a legal requirement that:

- The drugs are kept in a locked container inside a locked cupboard (or similar)
- A register of receipt and issue must be kept, with double entry records. In practice this means that:
 - The tablets must be kept in a locked container (such as a lockable cash box) inside a locked cupboard. Keeping them in a filing cabinet in a locked office is not adequate.
 - The register must be either a bound book, which does not include any form of loose-leaf register or card index, or a computerised system which is in accordance with best practice guidance endorsed by the Secretary of State under section 2 of the National Health Service Act 1977(3). The school keeps electronic records.
 - Each time new stock is received, it must be entered and signed for by two people.
 - Each time a tablet is given, it must be recorded and signed for by two people.
 - The dose given, the date and time, the name of the pupil receiving the dose and the number of tablets remaining must be recorded.

It is important that the staff issuing the tablets to pupils actually see them take the tablets, there is a difference between administering medication and dispensing medication (which should only be done by a competent medically trained person).

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

Medicines in Nurseries and Schools



The NHS advocates self-care for minor health problems and patients should access advice and purchase medicines over the counter as and when they and their family need it, rather than being prescribed them by their GP or other clinicians.

Schools and childcare providers sometimes ask parents/carers to obtain prescriptions, or written permission from a GP for over the counter medication such as paracetamol before they will administer to the children in their care. To support the national self-care guidance, Herefordshire and Worcestershire ICS would like to clarify the interpretation around the current guidance on the use of medicines in nurseries and schools.

- Schools and nurseries can only administer prescription medicines to a child when they have been prescribed by a doctor, dentist, nurse or pharmacist.
- **Non-prescription medicines (over the counter medicines) do not require any written consent from a GP or other healthcare professional to allow schools and nursery staff to administer them.**

All medication must only be administered to a child under the age of 16 where written permission for that particular medicine has been obtained from the child's parent or carer.

This is in line with British Medical Association [Prescribing Over-the-counter Medicines in Nurseries and Schools Guidance](#)
[Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](#)

	The current versions of all NHS Herefordshire & Worcestershire Integrated Care Board (HWICB) policies and guidance are available from the HWICB website . In the event that you have printed a copy of this document, please check the website to ensure it is the current version.
	Do you need this document in other languages or formats (i.e. large print)? Please contact the Communications Team: hw.comms@nhs.net