



Supporting Pupils with Medical Needs

Last reviewed: July 2026
Owner: Inclusion Leader

Due for review: Summer 2028
Reviewed by: Inclusion Governor

1. Statement of Intent

- 1.1. Section 100 of the Children and Families Act 2014 places a duty on '*governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions*'. The governing body of St Mary's School ensures that these arrangements fulfil their statutory duties and follow guidance outlined in *Supporting Pupils at School with Medical Conditions* (DfE, December 2015.)

2. Insurance

- 2.1. Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under West Sussex County Council insurance policies.
- 2.2. Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

3. Admissions and Planning

- 3.1. When a child joins the school, parents/guardians are asked to declare any medical conditions (including asthma) that require care within school on their enrolment form. These details are reviewed annually.
- 3.2. Once the school becomes aware of a pupil with known medical needs, the Inclusion Leader will complete an assessment of the support required, with input from the child, parents/guardians and any relevant healthcare professionals as appropriate. If solely asthma and / or allergies, this may be completed by the office manager. For more complex cases the assessment may be completed by a wider school team.
- 3.3. The school will follow Government guidance and develop a written plan (see Appendix 1: Individual Healthcare Plan / Appendix 2: Asthma Care Plan) for pupils who:
 - 3.3.1. Have long term, complex or fluctuating conditions
 - 3.3.2. Require medication in emergency situations.
- 3.4. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. This may include staff training. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place
- 3.5. Individual Health Care Plans (IHCPs) will be reviewed by the school annually each September, or earlier if there is a change in a pupil's medical condition.

4. Confidentiality

- 4.1. As required by the Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP.

5. Asthma

- 5.1. All parents/guardians of children with asthma will complete an asthma plan for us to hold on our records. Parents/guardians are required to update the school about any change in their child's medication or treatment. Records must be kept for the administration of asthma medication as for any other prescribed medication.
- 5.2. All parents/guardians of children with asthma are also asked to complete Template C which holds extra information and gives consent for the use of the spare school inhaler if necessary.
- 5.3. All teachers know which children in their class have asthma and keep a copy of the documents in the classroom. This will accompany teachers on school trips.
- 5.4. The school does all that it can to ensure the school environment is favourable to pupils with asthma and has a no smoking policy. As far as possible the school does not use chemicals in lessons that are potential triggers for pupils with asthma.
- 5.5. The school holds two spare inhalers and a number of single use spacers which are kept in the staffroom. These are held in case a pupil's own inhaler runs out, is lost or broken.
- 5.6. It is the schools responsibility to ensure the school inhaler remains in date. Schools must gain consent from parents/guardians to administer the schools emergency inhaler and a register must be kept with the inhaler that details which parents/guardians have given permission for the school inhaler to be administered. It is the responsibility of the school to keep the register up to date.
- 5.7. Spacers provided by pupils for their own individual use should be cleaned between uses: wash the spacer in warm soapy water, rinse with clean running water and leave to dry naturally.

6. Allergies and Anaphylaxis

- 6.1. Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service who recommend that all staff are trained in the administration of auto injectors and that training is renewed as required.
- 6.2. In accordance with the Medicines and Healthcare Products Regulatory Agency advice, the school will ask parents/guardians to provide 2 auto-injectors for school use. Parents/guardians are responsible for this medication being in date and the school will communicate with the parents/guardians if new medication is required and a record of these communications will be kept.
- 6.3. Please refer to the [Allergy and Anaphylaxis Policy](#) for further information.

7. Medical Emergencies

- 7.1. In a medical emergency, the school will contact emergency services first and then contact the parent to see if they are available to accompany the child.
- 7.2. A member of staff (preferably known to the pupil) will stay with them until a parent/guardian arrives, or accompany a child taken to hospital in an ambulance. Staff members will **not** transport pupils to hospital in their own car.
- 7.3. Where a child has to be transported to hospital and it has not been possible to arrange for a parent/guardian to accompany them, a member of staff will attend with the child and remain at the hospital with them until a parent/guardian arrives.

- 7.4. Consent is generally not required for any life saving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions, which should be communicated to the medical staff for due consideration.
- 7.5. If the pupil has an IHCP or EHCP (Education and Healthcare Plan), the emergency procedures detailed in the IHCP are followed, and a copy of the IHCP and/or EHCP is given to the ambulance crew.
- 7.6. Instructions for calling an ambulance are displayed prominently by the telephone in the School Office.

8. Managing Bodily Fluids

- 8.1. Each Key Stage 1 and Reception classroom has a stock of protective gloves, cleaning wipes, cleaning spray and nappy sacks, etc. – stored on the top shelf in the cupboard (out of reach of the children). In the event of an incident involving bodily fluids, the following steps are taken by our staff as appropriate:
 - 8.1.1. Put protective clothing on
 - 8.1.2. Cordon off the area where the incident has happened
 - 8.1.3. Ensure all other children have been removed / vacated the area
 - 8.1.4. Deal with cleaning up the child first
 - 8.1.5. Once the child is clean and sorted, clean the area where the incident happened
 - 8.1.6. Get bodily fluids kit from the locked cleaners cupboard and follow instructions on packet
 - 8.1.7. Dispose of waste and soiled gear (yellow bin in the Medical room)

9. Staff Training

- 9.1. Staff will be given appropriate instruction and guidance in order to support the pupils with specific medical needs in their care.
- 9.2. All teaching and support staff who work directly with children are trained to administer an auto-injector and asthma inhaler in an emergency.
- 9.3. A record of all training is maintained to show the date of training for each member of staff and when repeat or refresher training is required.
- 9.4. All school staff who have regular contact with children are made aware of all pupils' medical conditions at this school and understand their duty of care to pupils in an emergency.

10. School trips, including residential

- 10.1. Pupils with medical needs are included in visits as far as is reasonably practicable. School staff will discuss any issues with parents/guardians and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils' IHCP will be taken on the visit and arrangements relating to the management of their medication(s) during the visit should be included in the plan.
- 10.2. Pupils with medical needs will be named on the trip risk assessment and their needs planned for. This includes considering any additional medication, equipment or support that may be required.
- 10.3. The risk assessment and IHCP / EHCP will be communicated to relevant staff prior to the trip.

11. Medic alert – bracelets/necklaces

- 11.1. Medic alert bracelets/necklaces can be a source of potential injury in games or practical activities. Consideration will be given if necessary to their temporary removal and safekeeping by the person in charge of the activity. In such cases staff will be alerted to the significance of these bracelets/necklaces and be clear whom they belong to when taking charge of them.

12. **Linked Policies**

12.1. [First Aid Policy](#)

12.2. [Managing Medicines Policy](#)

12.3. [Allergy and Anaphylaxis Policy](#)

APPENDIX 1: INDIVIDUAL HEALTHCARE PLAN TEMPLATE

Name of school/setting		PHOTO
Child's name		
Group/class/form		
Date of birth		
Child's address		
Medical diagnosis or condition		
Date		
Review date		

Family Contact Information

Name	
Relationship to child	
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

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. I agree that my child's medical information can be shared with school staff responsible for their care.

Signed by parent or guardian

Print name

Date

Review date

Copies to:

APPENDIX 2:

St Mary's CE Primary School - Template C

Parental consent to administer medication (where an Individual Healthcare Plan or Education Healthcare Plan is not required)

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 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

ASTHMA INHALER USERS: The school holds a spare Salbutamol inhaler. By signing this form, you are agreeing that this may be used in an emergency.

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included.

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to

[agreed member of staff or school location]

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 confirm that this medication has been administered to my child in the past without adverse effect. 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